

Texas Health and Human Services Commission

Agency Directory for Home and Community Support Services Agencies

Sorted by: County, Agency City, Agency Name

| | | | | | | |
|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | ANDERSON | Region | 04 | Date Licensed | 01/30/1995 | <u>Owner Information</u> |
| License # | 003546 | | | | | PERSONAL HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 2000 S ROYALL |
| Medicare 1: | 458433 | | | | | PALESTINE, TX 75801 |
| Medicare 2: | | | | | | |
| Phone | (903) 729-2201 | Fax | (903) 729-3302 | | | Services: |
| Type: | Parent Agency | Administrator | ALETHEA THACKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ANDERSON | Region | 04 | Date Licensed | 10/08/2015 | <u>Owner Information</u> |
| License # | 017343 | | | | | MEDICAL TEAM CORRECTIONAL MEDICAL SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | 679007 | | | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (903) 729-0801 | Fax | (903) 593-5953 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA M HARVIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ANDERSON | Region | 04 | Date Licensed | 04/01/2009 | <u>Owner Information</u> |
| License # | 012564 | | | | | AHM ACTION HOME HEALTH LP |
| Lic Expire | 03/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 678197 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (903) 723-3991 | Fax | (903) 723-1440 | | | Services: |
| Type: | Parent Agency | Administrator | APRIL ALEXANDER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ANDERSON | Region | 04 | Date Licensed | 09/12/2016 | <u>Owner Information</u> |
| License # | 015986 | | | | | HEART TO HEART HOSPICE OF TYLER LTD |
| Lic Expire | 10/31/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 451756 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (903) 729-0957 | Fax | (903) 729-0959 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | GINA DAUGHTRY | | | Hospice |
| County | ANDERSON | Region | 04 | Date Licensed | 10/14/2013 | <u>Owner Information</u> |
| License # | 015975 | | | | | HOME CARE NETWORK EAST INC |
| Lic Expire | 10/31/2019 | | | | | 1701 N HAMPTON RD SUITE G |
| Medicare 1: | 679086 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (972) 270-2000 | Fax | (972) 591-4576 | | | Services: |
| Type: | Parent Agency | Administrator | SAUNDRA P HILL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ANDERSON | Region | 04 | Date Licensed | 09/14/2015 | <u>Owner Information</u> |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (903) 723-3394 | Fax | (903) 723-2845 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | ANDERSON | Region | 04 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008276 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2018 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 458346 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 723-1657 | Fax | (903) 723-5227 | | | Services: |
| Type: | Parent Agency | Administrator | TINA ANDERSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|-------------------|---------------|------------|---|
| County | ANDERSON | Region | 04 | Date Licensed | 12/17/2014 | Owner Information |
| License # | 016569 | | | | | KMJ HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 908 E PALESTINE AVENUE |
| Medicare 1: | | | | | | PALESTINE, TX 75801 |
| Medicare 2: | | | | | | |
| Phone | (903) 480-0082 | Fax | (866) 920-5070 | | | Services: |
| Type: | Parent Agency | Administrator | JEMIMA LAMPTEY | | | Licensed Home Health Services, Personal Assistance Services |
| County | ANDERSON | Region | 04 | Date Licensed | 01/01/2017 | Owner Information |
| License # | 018103 | | | | | IN-HOME PARTNER OF TEXAS-I LLC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 51266 |
| Medicare 1: | 747665 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (903) 723-5037 | Fax | (903) 723-5474 | | | Services: |
| Type: | Parent Agency | Administrator | LAURIE JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ANDERSON | Region | 04 | Date Licensed | 08/21/2009 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | ANDREWS | Region | 09 | Date Licensed | 06/06/2005 | Owner Information |
| License # | 003840 | | | | | HOME HOSPICE OF ODESSA/MIDLAND LLC |
| Lic Expire | 03/31/2019 | | | | | 619 N GRANT AVE STE 120 |
| Medicare 1: | 451617 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | |
| Phone | (432) 524-5139 | Fax | (432) 524-2784 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | AMY DRUMM | | | Hospice |
| County | ANDREWS | Region | 09 | Date Licensed | 04/03/1984 | Owner Information |
| License # | 003115 | | | | | ANDREWS COUNTY HOSPITAL DISTRICT |
| Lic Expire | 04/30/2018 | | | | | 720 HOSPITAL DRIVE/P O BOX 2108 |
| Medicare 1: | 741545 | | | | | ANDREWS, TX 79714 |
| Medicare 2: | 457596 | | | | | |
| Phone | (432) 524-3637 | Fax | (432) 523-6023 | | | Services: |
| Type: | Parent Agency | Administrator | RUSSELL TIPPIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | ANGELINA | Region | 05 | Date Licensed | 07/21/2017 | Owner Information |
| License # | 018190 | | | | | LINDA F. HAVARD |
| Lic Expire | 07/31/2019 | | | | | 16462 SOUTH US HWY 69 |
| Medicare 1: | | | | | | HUNTINGTON, TX 75949 |
| Medicare 2: | | | | | | |
| Phone | (936) 422-3339 | Fax | (936) 422-3542 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA HAVARD | | | Personal Assistance Services |
| County | ANGELINA | Region | 05 | Date Licensed | 03/14/2008 | Owner Information |
| License # | 011928 | | | | | VENTURE I INC |
| Lic Expire | 03/31/2019 | | | | | 395 TILLMAN ROAD |
| Medicare 1: | 747006 | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-9400 | Fax | (936) 632-9425 | | | Services: |
| Type: | Parent Agency | Administrator | KATHY HAMILTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ANGELINA | Region | 05 | Date Licensed | 05/04/2006 | Owner Information |
| License # | 010428 | | | | | JOHNSON & JOHNSON INVESTMENTS LLC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 154557 |
| Medicare 1: | 679505 | | | | | LUFKIN, TX 75915 |
| Medicare 2: | | | | | | |
| Phone | (936) 875-9000 | Fax | (936) 875-9001 | | | Services: |
| Type: | Parent Agency | Administrator | JERAMY JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|---------------------|---------------|------------|--|
| County | ANGELINA | Region | 05 | Date Licensed | 08/24/1992 | Owner Information |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 677545 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 634-1617 | Fax | (936) 634-1729 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KERRI L GRIFFIN | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 08/02/2000 | Owner Information |
| License # | 007379 | | | | | A PINEYWOODS HOME SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 634-7982 | Fax | (936) 634-1729 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TANDY E HICKS | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 03/09/2011 | Owner Information |
| License # | 013942 | | | | | AFFINITY HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 2708 SOUTH MEDFORD DRIVE |
| Medicare 1: | 671690 | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 639-2626 | Fax | (936) 639-2629 | | | Hospice |
| Type: | Parent Agency | Administrator | QUINCY B MARTINDALE | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 06/15/2009 | Owner Information |
| License # | 012656 | | | | | AGAPE HOME CARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 609 E LUFKIN AVENUE |
| Medicare 1: | 747328 | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 632-4273 | Fax | (936) 632-4275 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MELISSA BERRY | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 12/09/2016 | Owner Information |
| License # | 017777 | | | | | ALL ABOUT CARING LLC |
| Lic Expire | 12/31/2018 | | | | | 2716 S. MEDFORD DR., SUITE C |
| Medicare 1: | | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 899-7188 | Fax | (936) 899-7192 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHANA GARRETT | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 11/16/2011 | Owner Information |
| License # | 014474 | | | | | ANGELS CHOICE HOME HEALTH PROFESSIONALS LLC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 1297 |
| Medicare 1: | 747778 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 634-0505 | Fax | (936) 634-0515 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RUTH WILLIAMS | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 03/24/2009 | Owner Information |
| License # | 012630 | | | | | CONSOLIDATED FIRST CHOICE HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 308 |
| Medicare 1: | 679177 | | | | | BON WIER, TX 75928 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 489-9573 | Fax | (409) 489-9128 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAIRA REYES | | | |
| County | ANGELINA | Region | 05 | Date Licensed | 06/21/2016 | Owner Information |
| License # | 017473 | | | | | CONSOLIDATED HEALTH CARE SERVICES, INC. |
| Lic Expire | 06/30/2018 | | | | | PO BOX 812 |
| Medicare 1: | 67Q9080004 | | | | | NEWTON, TX 75966 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 699-5007 | Fax | (936) 699-5009 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | GLORIA JONES | | | |

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | ANGELINA | Region | 05 | Date Licensed | 06/06/2009 | Owner Information |
| License # | 012693 | | | | | PREFERRED HOME HEALTH LP |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 679509 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-8877 | Fax | (936) 632-8911 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH "SCOTT" BRACKIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ANGELINA | Region | 05 | Date Licensed | 12/17/2017 | Owner Information |
| License # | 018587 | | | | | EXCEL COMPLETE HOME HEALTH & THERAPY SERVICES, LLC |
| Lic Expire | 12/31/2019 | | | | | 513 S. FIRST ST. |
| Medicare 1: | 677957 | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | |
| Phone | (936) 634-1166 | Fax | (936) 634-1571 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY STEVESON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ANGELINA | Region | 05 | Date Licensed | 12/13/2012 | Owner Information |
| License # | 015266 | | | | | HARBOR HOSPICE 26 L P |
| Lic Expire | 12/31/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741518 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-5700 | Fax | (936) 205-1031 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCISCO TORRES | | | Hospice |
| County | ANGELINA | Region | 05 | Date Licensed | 04/19/2013 | Owner Information |
| License # | 015764 | | | | | HEART TO HEART HOSPICE OF LUFKIN LLC |
| Lic Expire | 04/30/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671601 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (936) 699-6001 | Fax | (936) 699-6009 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA JONES | | | Hospice |
| County | ANGELINA | Region | 05 | Date Licensed | 10/11/1989 | Owner Information |
| License # | 002060 | | | | | HOSPICE IN THE PINES INC |
| Lic Expire | 10/31/2018 | | | | | 1504 WEST FRANK AVENUE |
| Medicare 1: | 451537 | | | | | LUFKIN, TX 75904 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-1514 | Fax | (936) 632-1582 | | | Services: |
| Type: | Parent Agency | Administrator | DEMETRESS HARRELL | | | Personal Assistance Services, Hospice |
| County | ANGELINA | Region | 05 | Date Licensed | 06/15/2005 | Owner Information |
| License # | 002060 | | | | | HOSPICE IN THE PINES INC |
| Lic Expire | 10/31/2018 | | | | | 1504 WEST FRANK AVENUE |
| Medicare 1: | 451537 | | | | | LUFKIN, TX 75904 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-1514 | Fax | (936) 632-1582 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DEMETRESS HARRELL | | | Hospice |
| County | ANGELINA | Region | 05 | Date Licensed | 03/21/2017 | Owner Information |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (936) 899-7123 | Fax | (939) 899-7133 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | Hospice |
| County | ANGELINA | Region | 05 | Date Licensed | 07/29/2010 | Owner Information |
| License # | 011503 | | | | | KAMCARE HOME HEALTH SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 171 OLD MILL CENTER |
| Medicare 1: | | | | | | LIVINGSTON, TX 77351 |
| Medicare 2: | | | | | | |
| Phone | (866) 344-2821 | Fax | (866) 288-4125 | | | Services: |
| Type: | Branch Agency | Administrator | VICKI L HOLSTER | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-----------------|---------------|-------------------|---------------|------------|--|
| County | ANGELINA | Region | 05 | Date Licensed | 06/13/2006 | <u>Owner Information</u> |
| License # | 010530 | | | | | MRC PINECREST |
| Lic Expire | 06/30/2019 | | | | | 1302 TOM TEMPLE DRIVE SUITE #A |
| Medicare 1: | | | | | | LUFKIN, TX 75904 |
| Medicare 2: | | | | | | |
| Phone | (936) 633-1115 | Fax | (936) 633-1195 | | | Services: |
| Type: | Parent Agency | Administrator | ANGEL J BRANCH | | | Licensed Home Health Services, Personal Assistance Services |
| County | ANGELINA | Region | 05 | Date Licensed | 05/09/2017 | <u>Owner Information</u> |
| License # | 018443 | | | | | GOODLOOKING, LLC |
| Lic Expire | 05/31/2019 | | | | | 10300 METRIC BLVD # 300 |
| Medicare 1: | | | | | | AUSTIN, TX 78758 |
| Medicare 2: | | | | | | |
| Phone | (832) 539-1632 | Fax | (832) 539-1633 | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER KOVAR | | | Licensed Home Health Services |
| County | ANGELINA | Region | 05 | Date Licensed | 01/12/2012 | <u>Owner Information</u> |
| License # | 013514 | | | | | QUALITY CARE SITTER SERVICE INC |
| Lic Expire | 08/31/2018 | | | | | 3442 EASTEX FREEWAY |
| Medicare 1: | | | | | | BEAUMONT, TX 77703 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-7135 | Fax | (936) 632-9226 | | | Services: |
| Type: | Branch Agency | Administrator | NANCY CARLISLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | ANGELINA | Region | 05 | Date Licensed | 09/26/2001 | <u>Owner Information</u> |
| License # | 007744 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679108 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-5402 | Fax | (936) 632-4370 | | | Services: |
| Type: | Parent Agency | Administrator | JOEY BAKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ANGELINA | Region | 05 | Date Licensed | 12/03/2014 | <u>Owner Information</u> |
| License # | 014739 | | | | | SJ HOMECARE INC |
| Lic Expire | 02/29/2020 | | | | | 419 W HOUSTON ST |
| Medicare 1: | | | | | | TYLER, TX 75702 |
| Medicare 2: | | | | | | |
| Phone | (936) 622-0463 | Fax | (936) 622-0483 | | | Services: |
| Type: | Branch Agency | Administrator | HEATHER BROWN | | | Personal Assistance Services |
| County | ARANSAS | Region | 11 | Date Licensed | 01/19/1988 | <u>Owner Information</u> |
| License # | 001885 | | | | | AIM HOME HEALTH AGENCY INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 2300 |
| Medicare 1: | 451521 | | | | | ROCKPORT, TX 78381 |
| Medicare 2: | | | | | | |
| Phone | (361) 729-0507 | Fax | (361) 727-2354 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA GUTHRIE | | | Hospice |
| County | ARANSAS | Region | 11 | Date Licensed | 07/22/2010 | <u>Owner Information</u> |
| License # | 013476 | | | | | JADRON LLC |
| Lic Expire | 07/31/2018 | | | | | P. O. BOX 2424 |
| Medicare 1: | 747863 | | | | | ROCKPORT, TX 78381 |
| Medicare 2: | | | | | | |
| Phone | (361) 727-2131 | Fax | (361) 727-2179 | | | Services: |
| Type: | Parent Agency | Administrator | KATHRYN JAMES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ARANSAS | Region | 11 | Date Licensed | 08/05/2011 | <u>Owner Information</u> |
| License # | 014366 | | | | | HARBOR HOSPICE OF GULF COAST LP |
| Lic Expire | 08/31/2019 | | | | | PO BOX 12686 |
| Medicare 1: | 671572 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (361) 727-1232 | Fax | (361) 727-1244 | | | Services: |
| Type: | Parent Agency | Administrator | KATHLEEN FLANIGAN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | ARANSAS | Region | 11 | Date Licensed | 07/18/2011 | Owner Information |
| License # | 014456 | | | | | INTERCOASTAL HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 414 SOUTH LIVE OAK |
| Medicare 1: | 679413 | | | | | LAMPASAS, TX 76550 |
| Medicare 2: | | | | | | |
| Phone | (361) 729-0340 | Fax | (361) 729-0362 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA SELLERS | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | ATASCOSA | Region | 08 | Date Licensed | 08/12/2004 | Owner Information |
| License # | 008395 | | | | | KINDSTAR INC |
| Lic Expire | 03/31/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9325001 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (830) 772-3040 | Fax | (830) 772-3044 | | | Services: |
| Type: | Branch Agency | Administrator | JAMIE HOLLAND | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ATASCOSA | Region | 08 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017325 | | | | | ALL- TEX HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2017 | | | | | 1003 BECKETT #202 |
| Medicare 1: | 45Q7645002 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (830) 879-2884 | Fax | (830) 279-3266 | | | Services: |
| Type: | Branch Agency | Administrator | GUS RIOJAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ATASCOSA | Region | 08 | Date Licensed | 03/01/2017 | Owner Information |
| License # | 017455 | | | | | COSMOS HOSPICE OF SAN ANTONIO LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 |
| Medicare 1: | 671612 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (830) 268-4422 | Fax | (830) 268-4705 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | REBECCA PIANT | | | Hospice |
| County | ATASCOSA | Region | 08 | Date Licensed | 12/31/2008 | Owner Information |
| License # | 012459 | | | | | JOURDANTON HOME CARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 1416 W OAKLAWN SUITE A |
| Medicare 1: | 677127 | | | | | PLEASANTON, TX 78064 |
| Medicare 2: | | | | | | |
| Phone | (830) 281-8136 | Fax | (830) 281-8751 | | | Services: |
| Type: | Parent Agency | Administrator | ANNETTE N HURLEY | | | Licensed and Certified Home Health Services |
| County | AUSTIN | Region | 06 | Date Licensed | 07/01/2016 | Owner Information |
| License # | 013721 | | | | | COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC |
| Lic Expire | 11/30/2018 | | | | | 3833 S. TEXAS AVE., SUITE#200 |
| Medicare 1: | 671679 | | | | | BRYAN, TX 77802 |
| Medicare 2: | | | | | | |
| Phone | (979) 260-9700 | Fax | (979) 260-7711 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | STEPHANIE BONDI | | | Hospice |
| County | AUSTIN | Region | 06 | Date Licensed | 08/07/2017 | Owner Information |
| License # | 018231 | | | | | LCH STAFFING SOLUTIONS, INC. |
| Lic Expire | 08/31/2019 | | | | | 18 NORTH CUMMINGS |
| Medicare 1: | | | | | | BELLVILLE, TX 77418 |
| Medicare 2: | | | | | | |
| Phone | (979) 270-7300 | Fax | (979) 865-0800 | | | Services: |
| Type: | Parent Agency | Administrator | KAMI FROELICH FALK | | | Personal Assistance Services |
| County | AUSTIN | Region | 06 | Date Licensed | 06/18/2007 | Owner Information |
| License # | 008794 | | | | | ONLEX HEALTHCARE INC |
| Lic Expire | 12/31/2018 | | | | | 20501 KATY FREEWAY SUITE #234 |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (979) 865-0600 | Fax | (979) 865-0628 | | | Services: |
| Type: | Branch Agency | Administrator | HUMPHREY UZUEGBU | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | AUSTIN | Region | 06 | Date Licensed | 10/25/2015 | Owner Information |
| License # | 017190 | | | | | INTEGRATED MANAGEMENT SOLUTIONS INC |
| Lic Expire | 10/31/2019 | | | | | P O BOX 529 |
| Medicare 1: | 679029 | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 877-0900 | Fax | (979) 885-4080 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SUZANNE BOZEMAN | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 06/17/2011 | Owner Information |
| License # | 014174 | | | | | CARE HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 16710 CHESHIRE PLACE DR |
| Medicare 1: | 747962 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 420-9539 | Fax | (281) 888-7814 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHINYERE UGORJI | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 10/23/2015 | Owner Information |
| License # | 017100 | | | | | JSE HEALTHCARE, INC |
| Lic Expire | 10/31/2017 | | | | | 17711 SAUKI LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 773-8917 | Fax | (979) 773-8917 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KIMBERLY CHIEDU | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 09/02/2015 | Owner Information |
| License # | 017010 | | | | | OAK RIVER HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 234 MEYER ST STE G |
| Medicare 1: | | | | | | SEALY, TX 77474 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 921-6098 | Fax | (832) 535-3801 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORBERT EMERI | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 11/04/2013 | Owner Information |
| License # | 015850 | | | | | OPNET HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 8303 SOUTHWEST FRWY #850 |
| Medicare 1: | 747940 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 885-6959 | Fax | (979) 627-9132 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATE OPARA | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 08/13/2014 | Owner Information |
| License # | 016369 | | | | | QUEEN TANE |
| Lic Expire | 08/31/2018 | | | | | 12520 WESTHEIMER RD A-1 #201 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 384-9665 | Fax | (713) 583-0009 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | QUEEN TANE | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 09/25/2012 | Owner Information |
| License # | 015089 | | | | | ST CHARLES HOME HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 234 MEYERS STREET, SUITE M |
| Medicare 1: | | | | | | SEALY, TX 77474 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 276-6679 | Fax | (281) 277-0664 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLES OBIOMA | | | |
| County | AUSTIN | Region | 06 | Date Licensed | 01/07/2016 | Owner Information |
| License # | 017214 | | | | | TARA HEALTHCARE LLC |
| Lic Expire | 01/31/2018 | | | | | 708 MEYER STREET SUITE C |
| Medicare 1: | | | | | | SEALY, TX 77474 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 431-1641 | Fax | (979) 431-1641 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL EMAKHU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | BAILEY | Region | 01 | Date Licensed | 04/14/2005 | <u>Owner Information</u> |
| License # | 009402 | | | | | KINDSTAR INC |
| Lic Expire | 11/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9485003 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 272-6870 | Fax | (806) 272-6873 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DONEISE SCOTT | | | |
| County | BANDERA | Region | 08 | Date Licensed | 04/02/2001 | <u>Owner Information</u> |
| License # | 003184 | | | | | BANDERA TRI COUNTY HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | | | | 117 HUGO STREET SUITE B |
| Medicare 1: | 45Q8280001 | | | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 510-6500 | Fax | (830) 796-9554 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ANNABELLE LINDNER | | | |
| County | BANDERA | Region | 08 | Date Licensed | 11/15/2011 | <u>Owner Information</u> |
| License # | 013328 | | | | | REAL LIFE HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | P O BOX 20595 |
| Medicare 1: | | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 858-9138 | Fax | (210) 568-4171 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MARIO SALAS | | | |
| County | BASTROP | Region | 07 | Date Licensed | 11/06/2017 | <u>Owner Information</u> |
| License # | 018542 | | | | | ADVANCED HH, LLC |
| Lic Expire | 11/30/2019 | | | | | 1064 E IRELAND ST |
| Medicare 1: | 67Q7247003 | | | | | SEGUIN, TX 78155 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 314-9233 | Fax | (830) 379-6388 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | MICHAEL THIEL | | | |
| County | BASTROP | Region | 07 | Date Licensed | 09/05/2003 | <u>Owner Information</u> |
| License # | 005101 | | | | | HOSPICE PREFERRED CHOICE INC |
| Lic Expire | 06/30/2018 | | | | | 1000 FIANA WAY MAIL DROP 4840 |
| Medicare 1: | | | | | | FORT SMITH, AR 72919 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 308-9148 | Fax | (512) 308-9174 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CHRISTOPHER BUCCELLI | | | |
| County | BASTROP | Region | 07 | Date Licensed | 01/01/1997 | <u>Owner Information</u> |
| License # | 005899 | | | | | BLUEBONNET HOME HEALTH CARE OF TEXAS INC |
| Lic Expire | 12/31/2017 | | | | | 1005 MAIN STREET |
| Medicare 1: | | | | | | BASTROP, TX 78602 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 303-3912 | Fax | (512) 303-0323 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE PETERSON | | | |
| County | BASTROP | Region | 07 | Date Licensed | 12/01/2004 | <u>Owner Information</u> |
| License # | 009490 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 11/30/2018 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 67Q9044002 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 321-3382 | Fax | (877) 250-6703 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | SHEILA ANDERSSSEN | | | |
| County | BASTROP | Region | 07 | Date Licensed | 08/23/2010 | <u>Owner Information</u> |
| License # | 011453 | | | | | RESOLUTIONS HOSPICE - AUSTIN LLC |
| Lic Expire | 07/31/2018 | | | | | 11825 BUCKNER RD |
| Medicare 1: | | | | | | AUSTIN, TX 78726 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 343-5555 | Fax | (512) 628-6183 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | KARALI CARTER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | BASTROP | Region | 07 | Date Licensed | 03/20/2014 | Owner Information |
| License # | 016104 | | | | | S & P GUPTA ENTERPRISE, LLC |
| Lic Expire | 03/31/2018 | | | | | 489 AGNES STREET SUITE 100 |
| Medicare 1: | 741645 | | | | | BASTROP, TX 78602 |
| Medicare 2: | | | | | | |
| Phone | (512) 988-1971 | Fax | (512) 549-3005 | | | Services: |
| Type: | Parent Agency | Administrator | RAJEEV GUPTA | | | Hospice |
| County | BASTROP | Region | 07 | Date Licensed | 03/15/2006 | Owner Information |
| License # | 010520 | | | | | STANDARD REGIONAL HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 111 W 2ND STREET |
| Medicare 1: | 457506 | | | | | CAMERON, TX 76520 |
| Medicare 2: | | | | | | |
| Phone | (512) 772-4166 | Fax | (254) 697-4064 | | | Services: |
| Type: | Parent Agency | Administrator | RICKY GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BASTROP | Region | 07 | Date Licensed | 09/30/2015 | Owner Information |
| License # | 017058 | | | | | IT'S STILL HOME LIFE CARE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | P. O. BOX 1120 |
| Medicare 1: | | | | | | ELGIN, TX 78621 |
| Medicare 2: | | | | | | |
| Phone | (512) 686-4458 | Fax | (512) 686-3350 | | | Services: |
| Type: | Parent Agency | Administrator | TRACI BOYLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | BAYLOR | Region | 02 | Date Licensed | 08/18/2008 | Owner Information |
| License # | 012305 | | | | | HOME HEALTH OF RURAL TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 677421 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 888-3744 | Fax | (940) 888-2609 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTI NOVAK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BAYLOR | Region | 02 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007336 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (940) 888-5586 | Fax | (940) 888-5743 | | | Services: |
| Type: | Parent Agency | Administrator | BEVERLY STURGEON | | | Licensed Home Health Services, Personal Assistance Services |
| County | BAYLOR | Region | 02 | Date Licensed | 02/14/1994 | Owner Information |
| License # | 002793 | | | | | BAYLOR COUNTY HOSPITAL DISTRICT |
| Lic Expire | 02/29/2020 | | | | | 600 STADIUM DRIVE |
| Medicare 1: | 458006 | | | | | SEYMOUR, TX 76380 |
| Medicare 2: | | | | | | |
| Phone | (940) 889-3755 | Fax | (940) 889-2715 | | | Services: |
| Type: | Parent Agency | Administrator | STORMIE CARRINGTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEE | Region | 11 | Date Licensed | 06/27/1997 | Owner Information |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | 741522 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (888) 224-9897 | Fax | (956) 423-2027 | | | Services: |
| Type: | Parent Agency | Administrator | MARCUS WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | BEE | Region | 11 | Date Licensed | 08/12/2011 | Owner Information |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (361) 358-8931 | Fax | (361) 358-2831 | | | Services: |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | BEE | Region | 11 | Date Licensed | 02/29/2016 | Owner Information |
| License # | 017336 | | | | | EXCLUSIVE HOME HEALTH AND HOSPICE INC |
| Lic Expire | 02/28/2018 | | | | | 202 N ST. MARY'S |
| Medicare 1: | 458134 | | | | | BEEVILLE, TX 78102 |
| Medicare 2: | 451734 | | | | | |
| Phone | (361) 358-2468 | Fax | (361) 358-3861 | | | Services: |
| Type: | Parent Agency | Administrator | GERONIMO M RODRIGUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| County | BEE | Region | 11 | Date Licensed | 09/26/2016 | Owner Information |
| License # | 017654 | | | | | FELIPITA BASTIDA |
| Lic Expire | 09/30/2018 | | | | | 403 N MONROE ST |
| Medicare 1: | | | | | | BEEVILLE, TX 78102 |
| Medicare 2: | | | | | | |
| Phone | (361) 318-9015 | Fax | (361) 358-8058 | | | Services: |
| Type: | Parent Agency | Administrator | FELIPITA BASTIDA | | | Personal Assistance Services |
| County | BEE | Region | 11 | Date Licensed | 02/10/2004 | Owner Information |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | 45Q9433001 | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | |
| Phone | (361) 358-4448 | Fax | (361) 358-2200 | | | Services: |
| Type: | Branch Agency | Administrator | AMBROSE HERNANDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEE | Region | 11 | Date Licensed | 04/07/2006 | Owner Information |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | |
| Phone | (361) 358-4448 | Fax | (361) 358-2200 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | AMBROSE HERNANDEZ | | | Hospice |
| County | BEE | Region | 11 | Date Licensed | 03/30/2015 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (361) 542-4652 | Fax | (361) 542-4653 | | | Services: |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEE | Region | 11 | Date Licensed | 02/01/2017 | Owner Information |
| License # | 017441 | | | | | COSMOS HOSPICE OF CORPUS CHRISTI LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 |
| Medicare 1: | | | | | | MOORESVILLE, TX 28117 |
| Medicare 2: | | | | | | |
| Phone | (361) 392-2535 | Fax | (844) 358-6608 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | SCOTT DINKENS | | | Hospice |
| County | BELL | Region | 07 | Date Licensed | 01/13/2017 | Owner Information |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | |
| Phone | (254) 774-8511 | Fax | (254) 771-0848 | | | Services: |
| Type: | Branch Agency | Administrator | KIRK COATES | | | Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 10/17/2017 | Owner Information |
| License # | 018384 | | | | | BELL HOME CARE, LLC |
| Lic Expire | 10/31/2019 | | | | | 1700 POSSUM TRAIL |
| Medicare 1: | | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | |
| Phone | (254) 291-9718 | Fax | (254) 393-0928 | | | Services: |
| Type: | Parent Agency | Administrator | STACY TWAIT | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | BELL | Region | 07 | Date Licensed | 06/07/2017 | Owner Information |
| License # | 018096 | | | | | BELLAH THERAPIES LLC |
| Lic Expire | 06/30/2019 | | | | | 1200 E FM 2410 SUITE D |
| Medicare 1: | | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | |
| Phone | (254) 394-2710 | Fax | (254) 442-0720 | | | Services: |
| Type: | Parent Agency | Administrator | ISABEL NORTHINGTON | | | Licensed Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 01/04/2018 | Owner Information |
| License # | 018545 | | | | | EYES OF ANGELS IN HOME CARE AND GOLDEN RETREAT ASSISTED LIVING |
| Lic Expire | 01/31/2020 | | | | | 600 NORTH INDIAN TRAIL SUITE 205 |
| Medicare 1: | | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | |
| Phone | (254) 206-3857 | Fax | (254) 206-3863 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA C HOWARD | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 01/20/2012 | Owner Information |
| License # | 014748 | | | | | HODGES TAYLOR HOME CARE INC |
| Lic Expire | 01/31/2020 | | | | | 581 PAN AMERICAN DRIVE SUITE #2 |
| Medicare 1: | 458428 | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | |
| Phone | (254) 554-4049 | Fax | (254) 554-5067 | | | Services: |
| Type: | Parent Agency | Administrator | LORI PETTIGREW | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 05/08/2004 | Owner Information |
| License # | 009082 | | | | | HEIGHTS SUPPORT SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 333 INDIAN TRAIL |
| Medicare 1: | | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | |
| Phone | (254) 953-4702 | Fax | (254) 953-4708 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE MILLER | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018188 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 45Q7661002 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (254) 544-3500 | Fax | (254) 554-3458 | | | Services: |
| Type: | Branch Agency | Administrator | HEIDI TINCH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018191 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 459481 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (254) 554-3500 | Fax | (254) 554-3458 | | | Services: |
| Type: | Parent Agency | Administrator | HEIDI TINCH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 02/20/2017 | Owner Information |
| License # | 017517 | | | | | ANGEL HEART HOSPICE LLC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 4060 |
| Medicare 1: | 671502 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (254) 892-0100 | Fax | (844) 572-6193 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ANDRES GONZALES | | | Hospice |
| County | BELL | Region | 07 | Date Licensed | 09/29/2015 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|--|
| County | BELL | Region | 07 | Date Licensed | 03/06/2013 | <u>Owner Information</u> |
| License # | 015419 | | | | | A+ THERAPY AT HOME LLC |
| Lic Expire | 03/31/2019 | | | | | 1507 WEST STAN SCHLUETER LOOP STE 101 |
| Medicare 1: | | | | | | KILLEEN, TX 76549 |
| Medicare 2: | | | | | | |
| Phone | (254) 432-6963 | Fax | (844) 831-4567 | | | Services: |
| Type: | Parent Agency | Administrator | CARMEN VILLANUEVA-HILES | | | Licensed Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 08/23/2016 | <u>Owner Information</u> |
| License # | 017590 | | | | | COMPASSIONATE COMPANIONS LLC |
| Lic Expire | 08/31/2018 | | | | | 3006 WISTERIA LANE |
| Medicare 1: | | | | | | KILLEEN, TX 76549 |
| Medicare 2: | | | | | | |
| Phone | (435) 241-9377 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MIRIAH HEAP | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 01/24/2008 | <u>Owner Information</u> |
| License # | 011951 | | | | | VELITA SMITH HOME HEALTH INC |
| Lic Expire | 01/31/2018 | | | | | 1575 HERITAGE DR SUITE 201 |
| Medicare 1: | 677712 | | | | | MCKINNEY, TX 75069 |
| Medicare 2: | | | | | | |
| Phone | (512) 564-1894 | Fax | (512) 564-1969 | | | Services: |
| Type: | Parent Agency | Administrator | JOYCE OSBORNE | | | Licensed and Certified Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 06/21/1993 | <u>Owner Information</u> |
| License # | 002578 | | | | | METROPLEX ADVENTIST HOSPITAL INC |
| Lic Expire | 06/30/2019 | | | | | 2201 SOUTH CLEAR CREEK ROAD |
| Medicare 1: | 677733 | | | | | KILLEEN, TX 76542 |
| Medicare 2: | | | | | | |
| Phone | (254) 519-8930 | Fax | (254) 526-0075 | | | Services: |
| Type: | Parent Agency | Administrator | MAMIE L. LISTER | | | Licensed and Certified Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 05/13/2013 | <u>Owner Information</u> |
| License # | 013855 | | | | | CLP REGENCY OF TEXAS, LLC |
| Lic Expire | 01/31/2019 | | | | | 10 CADILLAC DRIVE STE 400 |
| Medicare 1: | 671628 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (254) 539-1055 | Fax | (254) 616-1880 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DAWN KINDHART | | | Hospice |
| County | BELL | Region | 07 | Date Licensed | 07/21/2009 | <u>Owner Information</u> |
| License # | 012848 | | | | | IR HOME HEALTH LLC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 10340 |
| Medicare 1: | 457949 | | | | | KILLEEN, TX 76549 |
| Medicare 2: | | | | | | |
| Phone | (254) 628-7900 | Fax | (254) 628-7905 | | | Services: |
| Type: | Parent Agency | Administrator | JEANICE MITCHELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 11/17/2015 | <u>Owner Information</u> |
| License # | 017131 | | | | | MEDTEX HEALTHCARE LLC |
| Lic Expire | 11/30/2019 | | | | | 1000 HERITAGE CENTER CIRCLE |
| Medicare 1: | | | | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | |
| Phone | (254) 226-3421 | Fax | (254) 226-3403 | | | Services: |
| Type: | Parent Agency | Administrator | MARC GOHL | | | Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 09/22/2006 | <u>Owner Information</u> |
| License # | 007810 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 11/30/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (254) 690-1868 | Fax | (254) 953-1340 | | | Services: |
| Type: | Branch Agency | Administrator | EVELYN COOKE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BELL | Region | 07 | Date Licensed | 09/01/2016 | Owner Information |
| License # | 017609 | | | | | PHOENIX PROVIDER SERVICES |
| Lic Expire | 08/31/2018 | | | | | 48886-2 METHVIN LOOP |
| Medicare 1: | | | | | | KILLEEN, TX 76544 |
| Medicare 2: | | | | | | |
| Phone | (254) 630-1999 | Fax | (254) 630-1999 | | | Services: |
| Type: | Parent Agency | Administrator | JAMIE BURGESS | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 12/16/2016 | Owner Information |
| License # | 017795 | | | | | SPEARS HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | 2707 E STAN SCHLUETER LOOP STE 105 |
| Medicare 1: | | | | | | KILLEEN, TX 76542 |
| Medicare 2: | | | | | | |
| Phone | (254) 432-6858 | Fax | (254) 432-6786 | | | Services: |
| Type: | Parent Agency | Administrator | CEDRICK SPEARS | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 02/08/2005 | Owner Information |
| License # | 009578 | | | | | TEXMED HOME HEALTH INC |
| Lic Expire | 02/28/2019 | | | | | 1711 E CENTRAL TEXAS EXPRESSWAY STE 309 |
| Medicare 1: | 457922 | | | | | KILLEEN, TX 76541 |
| Medicare 2: | | | | | | |
| Phone | (254) 526-8188 | Fax | (254) 526-8120 | | | Services: |
| Type: | Parent Agency | Administrator | MARC GOHL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 11/23/1983 | Owner Information |
| License # | 001412 | | | | | SCOTT & WHITE MEMORIAL HOSPITAL |
| Lic Expire | 11/30/2018 | | | | | 2401 SOUTH 31ST STREET |
| Medicare 1: | 457555 | | | | | TEMPLE, TX 76508 |
| Medicare 2: | 451691 | | | | | |
| Phone | (254) 724-4090 | Fax | (254) 215-9375 | | | Services: |
| Type: | Parent Agency | Administrator | LISA BROWN | | | Licensed and Certified Home Health Services, Hospice |
| County | BELL | Region | 07 | Date Licensed | 06/30/2015 | Owner Information |
| License # | 016946 | | | | | S-H THIRTY-FIVE OPCO-TEMPLE MERIDIAN LLC |
| Lic Expire | 06/30/2019 | | | | | 6737 W. WASHINGTON ST., STE#2300 |
| Medicare 1: | | | | | | MILWAUKEE, WI 53214 |
| Medicare 2: | | | | | | |
| Phone | (254) 773-0444 | Fax | (254) 771-3425 | | | Services: |
| Type: | Parent Agency | Administrator | KATHLEEN MAXWELL | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 010501 | | | | | SMITH - WALTER COMPANY LLC |
| Lic Expire | 05/31/2018 | | | | | 4016 S 31ST SUITE 300 |
| Medicare 1: | | | | | | TEMPLE, TX 76502 |
| Medicare 2: | | | | | | |
| Phone | (254) 780-9864 | Fax | (254) 899-9864 | | | Services: |
| Type: | Parent Agency | Administrator | VICKIE L SMITH | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 10/13/2015 | Owner Information |
| License # | 017075 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 10/31/2019 | | | | | 6243 IH 10 WEST, STE#375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (254) 776-6600 | Fax | (877) 463-1312 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH EMERSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 12/18/2009 | Owner Information |
| License # | 013095 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 12/31/2019 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 673127 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (254) 773-7740 | Fax | (254) 773-7745 | | | Services: |
| Type: | Parent Agency | Administrator | MARY STEPHENS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | BELL | Region | 07 | Date Licensed | 12/23/2010 | <u>Owner Information</u> |
| License # | 013943 | | | | | PYRA MED HEALTH SERVICES, LLC |
| Lic Expire | 12/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (254) 314-8580 | Fax | (254) 774-9980 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE WEATHERBEE | | | Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 01/04/2005 | <u>Owner Information</u> |
| License # | 009511 | | | | | FIRST ATLANTIC HOMECARE SERVICES CORPORATION |
| Lic Expire | 01/31/2018 | | | | | P O BOX 218 |
| Medicare 1: | 457947 | | | | | TEMPLE, TX 76503 |
| Medicare 2: | | | | | | |
| Phone | (254) 773-6020 | Fax | (254) 773-6080 | | | Services: |
| Type: | Parent Agency | Administrator | ROSELYNE NWABUKO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 03/04/2012 | <u>Owner Information</u> |
| License # | 014760 | | | | | FIRST ATLANTIC HOMECARE SERVICES CORPORATION |
| Lic Expire | 03/31/2018 | | | | | P O BOX 218 |
| Medicare 1: | 741653 | | | | | TEMPLE, TX 76503 |
| Medicare 2: | | | | | | |
| Phone | (254) 773-6020 | Fax | (254) 773-6080 | | | Services: |
| Type: | Parent Agency | Administrator | ROSELYNE NWABUKO | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | BELL | Region | 07 | Date Licensed | 11/30/2007 | <u>Owner Information</u> |
| License # | 011758 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (254) 778-4210 | Fax | (254) 778-4284 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA THOMAS | | | Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 10/01/2013 | <u>Owner Information</u> |
| License # | 015921 | | | | | BREMILEE SENIOR SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 3513 SW HK DODGEN LOOP SUITE#203 |
| Medicare 1: | | | | | | TEMPLE, TX 76502 |
| Medicare 2: | | | | | | |
| Phone | (254) 771-0041 | Fax | (254) 231-0267 | | | Services: |
| Type: | Parent Agency | Administrator | BRANDY FIREBAUGH | | | Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 12/30/2011 | <u>Owner Information</u> |
| License # | 011181 | | | | | CENTRAL TEXAS HOMECARE LLC |
| Lic Expire | 12/31/2019 | | | | | 5224 75TH STREET, SUITE #D |
| Medicare 1: | | | | | | LUBBOCK, TX 20599 |
| Medicare 2: | | | | | | |
| Phone | (254) 771-4131 | Fax | (254) 771-0752 | | | Services: |
| Type: | Branch Agency | Administrator | RHONDA CAIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | BELL | Region | 07 | Date Licensed | 12/17/2014 | <u>Owner Information</u> |
| License # | 014809 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 05/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (254) 771-4131 | Fax | (254) 771-0752 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | CURT BOATMAN | | | Hospice |
| County | BELL | Region | 07 | Date Licensed | 06/01/2008 | <u>Owner Information</u> |
| License # | 012075 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 457096 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (254) 778-6334 | Fax | (254) 778-6524 | | | Services: |
| Type: | Parent Agency | Administrator | MARCIA LOWE | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | BELL | Region | 07 | Date Licensed | 10/31/1995 | Owner Information FAMILY HOSPICE LTD 12900 FOSTER STREET SUITE #400 OVERLAND, KS 66213 |
| License # | 004135 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 451542 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (254) 742-2000 | Fax | (254) 742-2023 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | KANDICE ACOSTA | | | |
| County | BELL | Region | 07 | Date Licensed | 05/14/2009 | Owner Information SHANNONS HOME HEALTH INC 6 WEST FRENCH TEMPLE, TX 76501 |
| License # | 012601 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | 459300 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (254) 742-1884 | Fax | (254) 742-1852 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEVIN METZ | | | |
| County | BELL | Region | 07 | Date Licensed | 02/22/2013 | Owner Information ADVANCE HI-TECH NURSING INC 6243 IH 10 WEST SUITE #375 SAN ANTONIO, TX 78201 |
| License # | 015387 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH EMERSON | | | |
| County | BELL | Region | 07 | Date Licensed | 12/16/2016 | Owner Information NURTURING AT HOME PROVIDER SERVICES LLC 319 S 1ST ST # 22 TEMPLE, TX 76504 |
| License # | 017796 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (251) 391-1241 | Fax | (844) 700-0800 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | A'LELIA HUDSON | | | |
| County | BELL | Region | 07 | Date Licensed | 10/10/2014 | Owner Information R KIDZ ROCK PEDIATRICS PLLC 1005 MARLANDWOOD RD SUITE 118 TEMPLE, TX 76502 |
| License # | 016477 | | | | | |
| Lic Expire | 10/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (254) 410-7226 | Fax | (254) 410-7241 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHRISTINA AGUILLON | | | |
| County | BELL | Region | 07 | Date Licensed | 11/23/1983 | Owner Information SCOTT & WHITE MEMORIAL HOSPITAL 2401 SOUTH 31ST STREET TEMPLE, TX 76508 |
| License # | 000436 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (254) 724-4090 | Fax | (254) 215-9340 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | STACY COOPER | | | |
| County | BELL | Region | 07 | Date Licensed | 09/08/2008 | Owner Information SHH-STANDARDS HOME HEALTH INC 111 W 2ND STREET CAMERON, TX 76502 |
| License # | 012292 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 458194 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (254) 778-7000 | Fax | (254) 778-7002 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MELISSA CULLEN | | | |
| County | BELL | Region | 07 | Date Licensed | 02/17/2011 | Owner Information TENDER MERCIES MANAGEMENT INC 2312 SORENTA CIRCLE TEMPLE, TX 76502 |
| License # | 013904 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (254) 541-1110 | Fax | (866) 577-7154 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTHONY JETER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | BELL | Region | 07 | Date Licensed | 08/01/2017 | <u>Owner Information</u> |
| License # | 018252 | | | | | TEXAS HOME HEALTH GROUP OF TEMPLE LLC |
| Lic Expire | 07/31/2019 | | | | | 5701 AIRPORT ROAD |
| Medicare 1: | 457443 | | | | | TEMPLE, TX 76502 |
| Medicare 2: | | | | | | |
| Phone | (979) 846-1283 | Fax | (979) 693-0459 | | | Services: |
| Type: | Parent Agency | Administrator | LISA WELTER | | | Licensed and Certified Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 11/01/2016 | <u>Owner Information</u> |
| License # | 017864 | | | | | FIRST CHOICE CHILDRENS HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 500 EGewater DRIVE SUITE 578 |
| Medicare 1: | | | | | | WAKEFIELD, MA 01880 |
| Medicare 2: | | | | | | |
| Phone | (254) 771-0852 | Fax | (254) 771-0861 | | | Services: |
| Type: | Branch Agency | Administrator | JOSEPH VALDEZ | | | Licensed Home Health Services |
| County | BELL | Region | 07 | Date Licensed | 03/08/2004 | <u>Owner Information</u> |
| License # | 008089 | | | | | NICKSTER INC |
| Lic Expire | 08/31/2018 | | | | | 1514 AUSTIN AVENUE |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 899-9400 | Fax | (254) 899-9401 | | | Services: |
| Type: | Branch Agency | Administrator | SHELLEY WILLIAMS | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/04/2010 | <u>Owner Information</u> |
| License # | 013690 | | | | | SPEECH WEB HOME CARE, LLC |
| Lic Expire | 11/30/2018 | | | | | 105 BILTMORE #205 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 525-1441 | Fax | (210) 525-0141 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA VARGAS-CHARO | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/11/2018 | <u>Owner Information</u> |
| License # | 018558 | | | | | AFFINITY KIDS LLC |
| Lic Expire | 01/31/2020 | | | | | 9322 HANOVER SKY |
| Medicare 1: | | | | | | CONVERSE, TX 78109 |
| Medicare 2: | | | | | | |
| Phone | (210) 686-0203 | Fax | (210) 686-0205 | | | Services: |
| Type: | Parent Agency | Administrator | AISLINN MARIE WAKE | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/27/2011 | <u>Owner Information</u> |
| License # | 014234 | | | | | AWESOME HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 105 S. SEGUIN RD STE#104 |
| Medicare 1: | | | | | | CONVERSE, TX 78109 |
| Medicare 2: | | | | | | |
| Phone | (210) 858-7883 | Fax | (210) 568-7887 | | | Services: |
| Type: | Parent Agency | Administrator | CELESTE M BOYD | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/12/2017 | <u>Owner Information</u> |
| License # | 018311 | | | | | CLBRAND ENTERPRISE LLC |
| Lic Expire | 09/30/2019 | | | | | 7903 CHERRY GLADE |
| Medicare 1: | | | | | | CONVERSE, TX 78109 |
| Medicare 2: | | | | | | |
| Phone | (210) 240-0259 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | CAROLYN L HURST | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/15/2017 | <u>Owner Information</u> |
| License # | 018107 | | | | | EVERLASTING HOME HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | 45 NORTHEAST LOOP 410 STE#400 |
| Medicare 1: | 679419 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 348-6860 | Fax | (210) 348-6857 | | | Services: |
| Type: | Parent Agency | Administrator | RUBY J. ROBINSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 09/19/2017 | Owner Information |
| License # | 018455 | | | | | FIRST STEPS NURSING AND THERAPY SERVICES PLLC |
| Lic Expire | 09/30/2019 | | | | | 105 S. SEGUIN STE#104 |
| Medicare 1: | | | | | | CONVERSE, TX 78109 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 945-0000 | Fax | (210) 945-0002 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CELESTE M BOYD | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/01/2010 | Owner Information |
| License # | 013367 | | | | | BENEVOLENT HOSPICE LLC |
| Lic Expire | 05/31/2018 | | | | | 9555 CANTURA CREST |
| Medicare 1: | 671665 | | | | | SAN ANTONIO, TX 78250 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 681-2140 | Fax | (210) 681-3148 | | | Hospice |
| Type: | Parent Agency | Administrator | JAMES F THOMAS JR | | | |
| County | BEXAR | Region | 08 | Date Licensed | 01/27/2017 | Owner Information |
| License # | 017875 | | | | | LONE STAR PROVIDER CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 5309 WURZBACH RD SUITE 200-1 |
| Medicare 1: | | | | | | LEON VALLEY, TX 78238 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 616-2230 | Fax | (210) 568-4503 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH MONZON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/12/2016 | Owner Information |
| License # | 017512 | | | | | ENDLESS OPPORTUNITIES, INC. |
| Lic Expire | 07/31/2018 | | | | | 25327 CLOVER RANCH DRIVE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 517-0070 | Fax | (210) 579-2771 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | JOHNELL FERNANDEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/20/2010 | Owner Information |
| License # | 013564 | | | | | 1 WORLD HOME CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 1313 GUADALUPE STREET #102 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78207 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 315-3669 | Fax | (210) 648-0007 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANN MICHELLE AGUAYO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/24/2017 | Owner Information |
| License # | 018278 | | | | | 4 STAR PROVIDER CARE SERVICES |
| Lic Expire | 08/31/2019 | | | | | 660 S.W. MILITARY DR STE N |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78221 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 455-7979 | Fax | (210) 455-7779 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH MONZON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/07/2011 | Owner Information |
| License # | 013870 | | | | | A + ABUNDANT CARE HOME HEALTH LLC |
| Lic Expire | 02/28/2019 | | | | | 1106 TRANQUIL TRAIL |
| Medicare 1: | 747821 | | | | | SAN ANTONIO, TX 78232 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 545-2627 | Fax | (210) 545-6700 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SABRINA SMITH | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/01/2010 | Owner Information |
| License # | 013879 | | | | | VINTON & LONGORIA LLC |
| Lic Expire | 11/30/2018 | | | | | 1325 N. FLORES SUITE 114 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 979-6022 | Fax | (210) 979-6025 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IRMA S VINTON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | BEXAR | Region | 08 | Date Licensed | 05/04/2012 | <u>Owner Information</u> |
| License # | 014779 | | | | | A BLISS CARE INC |
| Lic Expire | 05/31/2018 | | | | | 4007 MCCULLOUGH AVE.,#259 |
| Medicare 1: | 741562 | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-0577 | Fax | (210) 822-0544 | | | Services: |
| Type: | Parent Agency | Administrator | AURORA PARROCHA | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/17/2017 | <u>Owner Information</u> |
| License # | 018179 | | | | | L3V VENTURES LLC |
| Lic Expire | 05/31/2019 | | | | | 11230 WEST AVE SUITE 2104 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 341-4300 | Fax | (210) 541-7350 | | | Services: |
| Type: | Parent Agency | Administrator | TRESA SHALIT | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/18/2001 | <u>Owner Information</u> |
| License # | 007529 | | | | | A PLUS FAMILY CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 5002 WEST AVENUE |
| Medicare 1: | 679082 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 530-9111 | Fax | (210) 366-9042 | | | Services: |
| Type: | Parent Agency | Administrator | VEGONIA E GARCES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 03/16/2005 | <u>Owner Information</u> |
| License # | 009636 | | | | | A PLUS FAMILY CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 5002 WEST AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 342-2819 | Fax | (210) 348-7038 | | | Services: |
| Type: | Parent Agency | Administrator | MOHAMED H. GHANNAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/21/2009 | <u>Owner Information</u> |
| License # | 007529 | | | | | A PLUS FAMILY CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 5002 WEST AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 706-9111 | Fax | (210) 308-9004 | | | Services: |
| Type: | Branch Agency | Administrator | VEGONIA E GARCES | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/31/2014 | <u>Owner Information</u> |
| License # | 016289 | | | | | TEJAS QUALITY HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 8901 E.F. LOWRY |
| Medicare 1: | 459393 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | 451788 | | | | | |
| Phone | (210) 734-7333 | Fax | (210) 734-8775 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS HERMANN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/08/2014 | <u>Owner Information</u> |
| License # | 016197 | | | | | ULTRA CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 20031 PARK RANCH |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78259 |
| Medicare 2: | | | | | | |
| Phone | (210) 745-2250 | Fax | (210) 855-4431 | | | Services: |
| Type: | Parent Agency | Administrator | JEFFREY N. RICO | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/30/2015 | <u>Owner Information</u> |
| License # | 017321 | | | | | AA SENIOR CARE SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 8546 BROADWAY SUITE#109 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | |
| Phone | (210) 236-5582 | Fax | (210) 501-0302 | | | Services: |
| Type: | Branch Agency | Administrator | HELEN TROWSDALE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 11/15/2017 | <u>Owner Information</u> |
| License # | 018451 | | | | | PASCO HEALTH SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 7333 BARLITE BLVD SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78224 |
| Medicare 2: | | | | | | |
| Phone | (210) 923-0055 | Fax | (210) 923-0027 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE LUBIANSKI | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/14/2003 | <u>Owner Information</u> |
| License # | 008285 | | | | | ABBIE HEALTH CARE INC |
| Lic Expire | 01/31/2018 | | | | | 4606 CENTERVIEW STE#221 |
| Medicare 1: | 679344 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 341-7800 | Fax | (210) 341-7808 | | | Services: |
| Type: | Parent Agency | Administrator | STEVE JOHNSTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/15/2014 | <u>Owner Information</u> |
| License # | 016567 | | | | | ABIDING HOME HEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | 1011 WESTLAKE DRIVE STE#201 |
| Medicare 1: | 679145 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | |
| Phone | (210) 403-0901 | Fax | (210) 403-3123 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA CASE BURGESS | | | Licensed and Certified Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/18/2009 | <u>Owner Information</u> |
| License # | 013050 | | | | | ABILITY HOMECARE INC |
| Lic Expire | 12/31/2019 | | | | | 10609 IH 10 W STE#105 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 344-5437 | Fax | (210) 340-1259 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA GOBLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/18/2012 | <u>Owner Information</u> |
| License # | 014877 | | | | | ABOVE AND BEYOND CAREGIVING INC |
| Lic Expire | 06/30/2018 | | | | | 502 MARCHMONT LN |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 320-3659 | Fax | (210) 320-1243 | | | Services: |
| Type: | Parent Agency | Administrator | YVETTE ROSE ALLAN | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/18/2014 | <u>Owner Information</u> |
| License # | 016687 | | | | | ACP PRIMARY HOME CARE, INC |
| Lic Expire | 11/30/2018 | | | | | 7038 ECKHERT ROAD, STE D |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78238 |
| Medicare 2: | | | | | | |
| Phone | (210) 558-9480 | Fax | (210) 680-1977 | | | Services: |
| Type: | Parent Agency | Administrator | ALMA PEREZ | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/10/2017 | <u>Owner Information</u> |
| License # | 018150 | | | | | B&EREYN LLC |
| Lic Expire | 07/31/2019 | | | | | 2035 CHITTIM TRAIL DR |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78232 |
| Medicare 2: | | | | | | |
| Phone | | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH REYNOLDS | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/27/2016 | <u>Owner Information</u> |
| License # | 017426 | | | | | BARBARA ANN RODRIGUEZ |
| Lic Expire | 05/31/2018 | | | | | P. O BOX 592318 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78259 |
| Medicare 2: | | | | | | |
| Phone | (210) 417-4480 | Fax | (210) 384-2582 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA RODRIGUEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 09/24/2009 | <u>Owner Information</u> |
| License # | 013014 | | | | | ADAPTIVE HEALTH SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 8700 CROWNHILL BLVD., STE#300 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | |
| Phone | (210) 824-5530 | Fax | (210) 824-5323 | | | Services: |
| Type: | Parent Agency | Administrator | TERESA GONZALES | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/05/2012 | <u>Owner Information</u> |
| License # | 014912 | | | | | ADAPTIVE HEALTHCARE SERVICES, LLC |
| Lic Expire | 07/31/2018 | | | | | 700 LAVACA SUITE 1400-2321 |
| Medicare 1: | | | | | | AUSTIN, TX 78701 |
| Medicare 2: | | | | | | |
| Phone | (210) 824-5530 | Fax | (210) 824-5323 | | | Services: |
| Type: | Parent Agency | Administrator | TERESA GONZALES | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/09/2014 | <u>Owner Information</u> |
| License # | 016251 | | | | | ADEPT HOME HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 5002 WEST AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 639-9112 | Fax | (210) 366-9042 | | | Services: |
| Type: | Parent Agency | Administrator | MOHAMMED H. GHANNAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/17/2008 | <u>Owner Information</u> |
| License # | 012460 | | | | | ADVENTIA HEALTHCARE ASSOCIATES INC |
| Lic Expire | 11/30/2018 | | | | | 1923 CULEBRA ROAD STE D |
| Medicare 1: | 679553 | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (210) 579-4892 | Fax | (210) 308-8577 | | | Services: |
| Type: | Parent Agency | Administrator | CORINNE QUINTANILLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/19/2003 | <u>Owner Information</u> |
| License # | 008332 | | | | | VALLIC TEXAS INC |
| Lic Expire | 02/28/2019 | | | | | 5752 WURZBACH ROAD |
| Medicare 1: | 679312 | | | | | SAN ANTONIO, TX 78238 |
| Medicare 2: | | | | | | |
| Phone | (210) 521-1244 | Fax | (210) 521-7324 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLEY DEL TORO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/18/2015 | <u>Owner Information</u> |
| License # | 016973 | | | | | AFFORDABLE VENTURE HOME HEALTHCARE |
| Lic Expire | 08/31/2019 | | | | | 8626 TESORO DRIVE SUITE 205G |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | |
| Phone | (210) 290-9310 | Fax | (210) 562-3474 | | | Services: |
| Type: | Parent Agency | Administrator | ALICE ENYONG | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/15/2016 | <u>Owner Information</u> |
| License # | 018034 | | | | | AGELESS LIVING HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | 431 WOLFE ROAD SUITE 102 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 582-5840 | Fax | (210) 582-5841 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA TOURON | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/07/2017 | <u>Owner Information</u> |
| License # | 017908 | | | | | NNG ENTERPRISES INC |
| Lic Expire | 02/28/2019 | | | | | 3319 PLEASANTON ROAD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78221 |
| Medicare 2: | | | | | | |
| Phone | (210) 350-1133 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA CORONADO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 06/14/2006 | <u>Owner Information</u> |
| License # | 010535 | | | | | AIM CARE HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | | 4204 GARDENDALE SUITE 208 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 733-7885 | Fax | (210) 733-7896 | | | Services: |
| Type: | Parent Agency | Administrator | AHMED SAID AHMED | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/30/2008 | <u>Owner Information</u> |
| License # | 011848 | | | | | ALAMO COMPANION SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 11218 WOODRIDGE PATH |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (210) 558-0356 | Fax | (210) 558-0356 | | | Services: |
| Type: | Parent Agency | Administrator | JONATHAN STEINER | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/23/2007 | <u>Owner Information</u> |
| License # | 011485 | | | | | ALAMO HOME HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 11411 RENDEZVOUS DRIVE #106 |
| Medicare 1: | 747024 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 541-8884 | Fax | (210) 541-8188 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES UKAEGBU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/29/2008 | <u>Owner Information</u> |
| License # | 012175 | | | | | ALAMO AREA HOME HOSPICE LP |
| Lic Expire | 07/31/2018 | | | | | 3021 LORNA ROAD, STE#200 |
| Medicare 1: | 671540 | | | | | BIRMINGHAM, AL 35216 |
| Medicare 2: | | | | | | |
| Phone | (210) 444-2244 | Fax | (210) 227-5714 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGETTE ROBBINS | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 01/06/2014 | <u>Owner Information</u> |
| License # | 015955 | | | | | ALAMO THERAPY GROUP LLC |
| Lic Expire | 01/31/2020 | | | | | 25523 HOPI DAWN |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78261 |
| Medicare 2: | | | | | | |
| Phone | (830) 714-7077 | Fax | (888) 883-3102 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN P. CARRASCO | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/24/2017 | <u>Owner Information</u> |
| License # | 011712 | | | | | ALEGRE HOME HEALTH CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 3400 N MCCOLL RD STE B2 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (210) 200-8781 | Fax | (210) 569-6366 | | | Services: |
| Type: | Branch Agency | Administrator | ALICIA DE LEON | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/21/2007 | <u>Owner Information</u> |
| License # | 011343 | | | | | ALL YOUR HOME HEALTH INC. |
| Lic Expire | 05/31/2018 | | | | | 6323 SOVEREIGN STREET, SUITE 222 |
| Medicare 1: | 747065 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 308-5511 | Fax | (210) 308-5522 | | | Services: |
| Type: | Parent Agency | Administrator | CLETUS OGBONNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/11/2001 | <u>Owner Information</u> |
| License # | 008105 | | | | | WAGGONER & THOMAS ALL-CARE INC |
| Lic Expire | 08/31/2018 | | | | | 4606 CENTERVIEW DRIVE, STE#165 |
| Medicare 1: | 679062 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 348-8805 | Fax | (210) 348-8861 | | | Services: |
| Type: | Parent Agency | Administrator | HASKELENE THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 05/13/2002 | <u>Owner Information</u> |
| License # | 007930 | | | | | ALMAMIA HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 1300 WEST AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (210) 438-9151 | Fax | (210) 736-4486 | | | Services: |
| Type: | Parent Agency | Administrator | LISA LEAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/18/2017 | <u>Owner Information</u> |
| License # | 018235 | | | | | ALOMEGA HOSPICE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 11304 |
| Medicare 1: | 671771 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | |
| Phone | (210) 949-0256 | Fax | (210) 231-0440 | | | Services: |
| Type: | Parent Agency | Administrator | WINFRED WALKER | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 11/05/2009 | <u>Owner Information</u> |
| License # | 012963 | | | | | LOVING CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 8632 FREDERICKSBURG RD, STE#220 |
| Medicare 1: | 747435 | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 320-6417 | Fax | (210) 858-5459 | | | Services: |
| Type: | Parent Agency | Administrator | OLALEKAN R SANNI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/15/2008 | <u>Owner Information</u> |
| License # | 012030 | | | | | ALPHA NURSING & THERAPY LLC |
| Lic Expire | 04/30/2017 | | | | | 7272 WURZBACH ROAD SUITE #302 |
| Medicare 1: | 459440 | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 593-9803 | Fax | (210) 593-0532 | | | Services: |
| Type: | Parent Agency | Administrator | MARIO RODRIGUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/22/2015 | <u>Owner Information</u> |
| License # | 016982 | | | | | ALTIMA HOME HEALTH CARE INC. |
| Lic Expire | 06/30/2019 | | | | | 218 RENNER DRIVE |
| Medicare 1: | 459049 | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (210) 888-2625 | Fax | (210) 888-1399 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY MARTINEZ-GARCIA | | | Licensed and Certified Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/17/2015 | <u>Owner Information</u> |
| License # | 016863 | | | | | ALTUS HOSPICE OF SAN ANTONIO LP |
| Lic Expire | 06/30/2019 | | | | | 2700 NE LOOP 410, STE#380 |
| Medicare 1: | 741642 | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | |
| Phone | (210) 920-2620 | Fax | (210) 920-2630 | | | Services: |
| Type: | Parent Agency | Administrator | KARLA LOPEZ-GUERRA | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/17/2017 | <u>Owner Information</u> |
| License # | 018060 | | | | | KRZ4BAMA LLC |
| Lic Expire | 05/31/2019 | | | | | 18122 LISCUM HILL |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | |
| Phone | (210) 772-2277 | Fax | (210) 855-5620 | | | Services: |
| Type: | Parent Agency | Administrator | MITZI PETTIBON | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/28/2015 | <u>Owner Information</u> |
| License # | 016940 | | | | | AGELESS HEARTS INC |
| Lic Expire | 07/31/2019 | | | | | 16607 BLANCO RD SUITE 12103 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78232 |
| Medicare 2: | | | | | | |
| Phone | (210) 960-4304 | Fax | (210) 960-4741 | | | Services: |
| Type: | Parent Agency | Administrator | JOHANNA R. PASCHAL | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/28/2016 | <u>Owner Information</u> |
| License # | 017329 | | | | | ASPIRE HEALTHCARE INC |
| Lic Expire | 03/31/2018 | | | | | 25515 MESA RANCH |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | |
| Phone | (210) 551-0355 | Fax | (210) 446-0046 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD STOCKTON | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 10/02/2015 | <u>Owner Information</u> |
| License # | 017064 | | | | | JOSEPHINE GARCIA |
| Lic Expire | 10/31/2019 | | | | | 266 MEADOW GLEN DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78227 |
| Medicare 2: | | | | | | |
| Phone | (210) 455-2738 | Fax | (210) 375-3562 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE GARCIA | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/25/2015 | <u>Owner Information</u> |
| License # | 016997 | | | | | AMEDIA HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 6323 SOVEREIGN ROAD, SUITE#290 |
| Medicare 1: | 741632 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 377-3444 | Fax | (210) 377-3447 | | | Services: |
| Type: | Parent Agency | Administrator | ROSALINDA J. RAMIREZ | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/01/2017 | <u>Owner Information</u> |
| License # | 018046 | | | | | AMEDISYS TEXAS LLC |
| Lic Expire | 04/30/2019 | | | | | 3854 AMERICAN WAY, SUITE A |
| Medicare 1: | 679002 | | | | | BATON ROUGE, LA 70816 |
| Medicare 2: | | | | | | |
| Phone | (210) 558-9606 | Fax | (210) 558-6934 | | | Services: |
| Type: | Parent Agency | Administrator | SYDNEY KRISTIANA LENZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/31/2009 | <u>Owner Information</u> |
| License # | 013242 | | | | | AMEDISYS HOSPICE LLC |
| Lic Expire | 12/31/2017 | | | | | 3854 AMERICAN WAY SUITE A |
| Medicare 1: | 451738 | | | | | BATON ROUGE, LA 70816 |
| Medicare 2: | | | | | | |
| Phone | (210) 541-0922 | Fax | (210) 541-9118 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA SCHULZ | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 10/25/2004 | <u>Owner Information</u> |
| License # | 009369 | | | | | AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC |
| Lic Expire | 10/31/2019 | | | | | 506 VALLEY BROOK ROAD SUITE 201 |
| Medicare 1: | 457907 | | | | | MCMURRAY, PA 15317 |
| Medicare 2: | | | | | | |
| Phone | (210) 735-6225 | Fax | (210) 735-5379 | | | Services: |
| Type: | Parent Agency | Administrator | DEBBIE ROBLES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 06/12/2015 | Owner Information |
| License # | 016852 | | | | | AMERICAN MEDICAL HOSPICE CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 1 WENDELL RAMEY LANE SUITE 100 |
| Medicare 1: | 741619 | | | | | MONESSEN, PA 15062 |
| Medicare 2: | | | | | | |
| Phone | (210) 812-5709 | Fax | (210) 812-5709 | | | Services: |
| Type: | Parent Agency | Administrator | DEBBIE ROBLES | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 11/14/2001 | Owner Information |
| License # | 007791 | | | | | AMERICARE IN HOME CARE INC |
| Lic Expire | 11/30/2019 | | | | | P O BOX 781327 |
| Medicare 1: | 679146 | | | | | SAN ANTONIO, TX 78278 |
| Medicare 2: | | | | | | |
| Phone | (210) 447-2273 | Fax | (210) 408-0699 | | | Services: |
| Type: | Parent Agency | Administrator | JOANNE MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/18/2003 | Owner Information |
| License # | 008558 | | | | | AMERICAS HEALTH TEAM INC |
| Lic Expire | 07/31/2019 | | | | | 123 HOLMAN |
| Medicare 1: | 679427 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 431-3643 | Fax | (210) 431-0028 | | | Services: |
| Type: | Parent Agency | Administrator | DIANNE AGUINAGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/14/2003 | Owner Information |
| License # | 008287 | | | | | AMISTAD HOMECARE INC |
| Lic Expire | 01/31/2018 | | | | | 1026 CENTRAL PARKWAY SOUTH |
| Medicare 1: | 679307 | | | | | SAN ANTONIO, TX 78232 |
| Medicare 2: | | | | | | |
| Phone | (210) 474-0037 | Fax | (210) 474-0067 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA ROMERO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 10/19/2012 | Owner Information |
| License # | 015144 | | | | | ANEW HEALTHCARE INC |
| Lic Expire | 10/31/2018 | | | | | 4606 CENTERVIEW DRIVE #221B |
| Medicare 1: | 457843 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 359-0240 | Fax | (210) 359-0251 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES POWELL HOLTON LL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/28/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | |
| Phone | (210) 731-9570 | Fax | (210) 731-9575 | | | Services: |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/27/2011 | Owner Information |
| License # | 014187 | | | | | ANGELS OF COMFORT INC |
| Lic Expire | 06/30/2019 | | | | | 605 W MAIN STREET #2 |
| Medicare 1: | | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | |
| Phone | (956) 600-9341 | Fax | (210) 445-2027 | | | Services: |
| Type: | Parent Agency | Administrator | PEDRO A TREVINO | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/11/2013 | Owner Information |
| License # | 015643 | | | | | ANOINTED ANGELS CAREGIVERS INC |
| Lic Expire | 07/31/2019 | | | | | 3700 FREDERICKSBURG RD STE 216 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (210) 375-5589 | Fax | (210) 375-5588 | | | Services: |
| Type: | Parent Agency | Administrator | ALMA HERRERA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/19/2016 | <u>Owner Information</u> |
| License # | 013388 | | | | | ANTHEM HEALTHCARE |
| Lic Expire | 06/30/2018 | | | | | 1615 S. VETERANS BLVD |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (210) 593-2468 | Fax | (866) 571-0395 | | | Services: |
| Type: | Branch Agency | Administrator | CHELSEY CAMPOS | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/16/2015 | <u>Owner Information</u> |
| License # | 017265 | | | | | YRRL INC |
| Lic Expire | 12/31/2017 | | | | | 7400 BLANCO RD.,#128 |
| Medicare 1: | 673111 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 541-0131 | Fax | (210) 541-0227 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA MONTEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/01/2012 | <u>Owner Information</u> |
| License # | 014728 | | | | | ACCESS QUALITY THERAPY SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 5726 WEST HAUSMAN ROAD STE#100 |
| Medicare 1: | 679423 | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (210) 349-0096 | Fax | (210) 349-0097 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/14/2014 | <u>Owner Information</u> |
| License # | 016527 | | | | | BLUE RIVER HEALTH SYSTEM LLC |
| Lic Expire | 11/30/2018 | | | | | 1214 BASSE RD SUITE A |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 530-4788 | Fax | (210) 281-4028 | | | Services: |
| Type: | Parent Agency | Administrator | AEDRIC R. FRECHELLE | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/17/2006 | <u>Owner Information</u> |
| License # | 010297 | | | | | ASCENSIA HOME HEALTH INC |
| Lic Expire | 02/28/2018 | | | | | 6326 SOVEREIGN SUTE#250 |
| Medicare 1: | 679559 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 521-0575 | Fax | (210) 521-0574 | | | Services: |
| Type: | Parent Agency | Administrator | ADRIANA BROWN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/25/2017 | <u>Owner Information</u> |
| License # | 018018 | | | | | MANSOOR BERENJI |
| Lic Expire | 04/30/2019 | | | | | 2326 JARVE VALLEY |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78251 |
| Medicare 2: | | | | | | |
| Phone | (512) 998-6251 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MANSOOR BERENJI | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/18/2003 | <u>Owner Information</u> |
| License # | 008652 | | | | | SYNERGY HOMECARE MANAGEMENT CORPORATION |
| Lic Expire | 09/30/2018 | | | | | 6322 SOVEREIGN #108 |
| Medicare 1: | 453158 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 541-8707 | Fax | (210) 541-8777 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA B GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/07/2007 | <u>Owner Information</u> |
| License # | 011314 | | | | | AVIONN HOME HEALTH CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 8603 CROWNHILL BLVD STE 7 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | |
| Phone | (210) 826-2776 | Fax | (210) 826-2796 | | | Services: |
| Type: | Parent Agency | Administrator | VESTA ANN FLAGGERT | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|---|
| County | BEXAR | Region | 08 | Date Licensed | 10/31/2013 | Owner Information |
| License # | 010629 | | | | | AXIOM HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 5002 WEST AVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 366-1125 | Fax | (210) 366-1132 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TORRIE L COMMERFORD | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/20/2006 | Owner Information |
| License # | 010629 | | | | | AXIOM HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 5002 WEST AVE |
| Medicare 1: | 747169 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | 741568 | | | | | Services: |
| Phone | (210) 366-1125 | Fax | (210) 366-1322 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | TORRIE L COMMERFORD | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/08/2007 | Owner Information |
| License # | 011379 | | | | | AXYB INC |
| Lic Expire | 06/30/2018 | | | | | 120 N. MESQUITE STREET |
| Medicare 1: | 679774 | | | | | SAN ANTONIO, TX 78202 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 223-4933 | Fax | (210) 223-3788 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | XENIA BUENO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/04/2012 | Owner Information |
| License # | 015252 | | | | | HARBOR HOSPICE OF NORTH SAN ANTONIO, LP |
| Lic Expire | 12/31/2018 | | | | | 3406 COLLEGE ST #200 |
| Medicare 1: | 741555 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 481-0500 | Fax | (210) 481-0504 | | | Hospice |
| Type: | Parent Agency | Administrator | CHAD NOYES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/11/2013 | Owner Information |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (855) 290-2395 | Fax | (210) 298-0133 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 10/25/2016 | Owner Information |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | 741522 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 853-5885 | Fax | (210) 298-0133 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MARCUS WILLIAMS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 01/17/2003 | Owner Information |
| License # | 008293 | | | | | MARK D PINSON |
| Lic Expire | 01/31/2020 | | | | | 104 SUNFLOWER |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 525-0179 | Fax | (210) 342-7477 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARK D PINSON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/17/2015 | Owner Information |
| License # | 017133 | | | | | BETTER LIFE SOLUTIONS LLC |
| Lic Expire | 11/30/2019 | | | | | 4722 BOHILL STREET |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 621-7078 | Fax | (210) 493-8289 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GERALDINE WALKER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 03/20/2003 | <u>Owner Information</u> |
| License # | 008367 | | | | | BEXAR CARE HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 639 EAST MANDALAY |
| Medicare 1: | 679318 | | | | | OLMOS PARK, TX 78212 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 822-2048 | Fax | (210) 822-2848 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TINA R ROMERO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/17/2014 | <u>Owner Information</u> |
| License # | 014843 | | | | | BLUE SKY PEDIATRIC HOME HEALTHCARE, LLC |
| Lic Expire | 06/30/2018 | | | | | 701 E. HARRISON AVENUE SUITE 200 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 428-2518 | Fax | (210) 428-2519 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | DEBORAH SIMMS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/08/2017 | <u>Owner Information</u> |
| License # | 018302 | | | | | ADVENT INC. |
| Lic Expire | 06/30/2019 | | | | | 8618 KIRKHAM |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 231-0435 | Fax | (210) 231-0440 | | | Hospice |
| Type: | Parent Agency | Administrator | WINIFRED WALKER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 01/10/2018 | <u>Owner Information</u> |
| License # | 018557 | | | | | REVILLA CAPITAL GROUP LLC |
| Lic Expire | 01/31/2020 | | | | | 830 NE LOOP 410 SUITE 21 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 600-3274 | Fax | (210) 634-2601 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALICIA MONTELONGO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/05/2013 | <u>Owner Information</u> |
| License # | 015675 | | | | | PJW HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 7410 BLANCO ROAD STE#200 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 377-3355 | Fax | (210) 377-3356 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MATTHEW WONG | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/25/2015 | <u>Owner Information</u> |
| License # | 017165 | | | | | BRIT-TEX NURSING SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 6655 FIRST PARK TEN BLVD STE 102 |
| Medicare 1: | 679016 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 733-3246 | Fax | (210) 731-6131 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | EMMA HEYMANN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/25/2015 | <u>Owner Information</u> |
| License # | 017163 | | | | | BRIT-TEX NURSING SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 6655 FIRST PARK TEN BLVD STE 102 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 733-3246 | Fax | (210) 731-6151 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | EMMA HEYMANN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/26/2008 | <u>Owner Information</u> |
| License # | 012015 | | | | | INNOVATIVE SENIOR CARE HOME HEALTH OF SAN ANTONIO LLC |
| Lic Expire | 02/29/2020 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | 679424 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 248-3081 | Fax | (210) 499-0320 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | LADONNA PACK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 11/15/2010 | <u>Owner Information</u> |
| License # | 013710 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | 671700 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (210) 998-2966 | Fax | (210) 499-0329 | | | Services: |
| Type: | Parent Agency | Administrator | LIZA DEL VILLAR | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 07/01/2007 | <u>Owner Information</u> |
| License # | 011522 | | | | | ALZHEIMERS CARE AND RESEARCH CENTER FOUNDATION |
| Lic Expire | 06/30/2019 | | | | | 12455 FREEDOM WAY |
| Medicare 1: | 671624 | | | | | SAN ANTONIO, TX 78245 |
| Medicare 2: | | | | | | |
| Phone | (210) 838-6340 | Fax | (210) 838-6324 | | | Services: |
| Type: | Parent Agency | Administrator | KATIE BOGGS | | | Licensed Home Health Services, Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 11/03/2016 | <u>Owner Information</u> |
| License # | 017894 | | | | | CONNECTED BY DESIGN INC |
| Lic Expire | 11/30/2018 | | | | | 2379 NE LOOP 410 SUITE #117 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | |
| Phone | (210) 654-7500 | Fax | (210) 654-7506 | | | Services: |
| Type: | Parent Agency | Administrator | ELLEN MCCLELLAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/23/2013 | <u>Owner Information</u> |
| License # | 015729 | | | | | KTS PARTNERS INC |
| Lic Expire | 08/31/2019 | | | | | 9015 MOUNTAIN RIDGE DRIVE STE#210 |
| Medicare 1: | 747928 | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (210) 538-9090 | Fax | (210) 538-9099 | | | Services: |
| Type: | Parent Agency | Administrator | CATHY BOWEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2017 | <u>Owner Information</u> |
| License # | 018294 | | | | | SA PAS INC |
| Lic Expire | 08/31/2019 | | | | | 9015 MOUNTAIN RIDGE DR STE 210 |
| Medicare 1: | | | | | | AUTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (210) 538-9090 | Fax | (210) 538-9099 | | | Services: |
| Type: | Parent Agency | Administrator | CATHY BOWEN | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/28/1994 | <u>Owner Information</u> |
| License # | 002798 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | 458001 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (210) 225-7003 | Fax | (210) 225-7760 | | | Services: |
| Type: | Parent Agency | Administrator | ADRIANE RUMFIELD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/12/2009 | <u>Owner Information</u> |
| License # | 012595 | | | | | CARDINAL SENIOR CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 3355 CHERRY RIDGE STREET SUITE 104 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 684-7080 | Fax | (866) 702-1663 | | | Services: |
| Type: | Parent Agency | Administrator | HAMID MANGALJI | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/16/2015 | <u>Owner Information</u> |
| License # | 017325 | | | | | ALL- TEX HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2017 | | | | | 1003 BECKETT #202 |
| Medicare 1: | 457645 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (830) 426-8888 | Fax | (830) 426-8880 | | | Services: |
| Type: | Parent Agency | Administrator | GUS RIOJAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 05/26/2010 | <u>Owner Information</u> |
| License # | 013353 | | | | | CARE PROFESSIONAL NURSING INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 100957 |
| Medicare 1: | 747613 | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 734-4040 | Fax | (210) 734-4044 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANNA ESTRADA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/27/2003 | <u>Owner Information</u> |
| License # | 008528 | | | | | HOME COMPANIONS INC |
| Lic Expire | 06/30/2019 | | | | | 1638 LOCKHILL SELMA RD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 764-8500 | Fax | (210) 764-8501 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CANDYCE SLUSHER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/22/2017 | <u>Owner Information</u> |
| License # | 018124 | | | | | TOWERS PARK PERSONAL CARE, INC |
| Lic Expire | 06/30/2019 | | | | | 2 TOWERS PARK LN |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 841-7563 | Fax | (210) 841-7741 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IRMA ORTIZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 10/01/2001 | <u>Owner Information</u> |
| License # | 007919 | | | | | CARING SENIOR SERVICE USA LIMITED |
| Lic Expire | 09/30/2019 | | | | | 201 E PARK AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 227-9494 | Fax | (866) 540-6179 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEFFREY SALTER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/26/2010 | <u>Owner Information</u> |
| License # | 013268 | | | | | KCLC LLC |
| Lic Expire | 04/30/2018 | | | | | 7300 BLANCO ROAD SUITE 103 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 508-4576 | Fax | (210) 277-8208 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAREN KEACH | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/22/2011 | <u>Owner Information</u> |
| License # | 013850 | | | | | CARTER HEALTHCARE OF CENTRAL TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 2163 STEPHENS PLACE |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 338-4854 | Fax | (830) 625-2194 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JAMES BRIAN CARTER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/26/1996 | <u>Owner Information</u> |
| License # | 005415 | | | | | CASA LINDA HOMECARE INC |
| Lic Expire | 11/30/2019 | | | | | 5555 FREDERICKSBURG ROAD SUITE # 200 |
| Medicare 1: | 458441 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 349-5515 | Fax | (210) 349-0444 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA FRANCO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/21/2017 | <u>Owner Information</u> |
| License # | 018266 | | | | | AIP HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 10410 PARRIGIN RAOD |
| Medicare 1: | | | | | | HELOTES, TX 78023 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 260-3000 | Fax | (210) 310-3930 | | | Hospice |
| Type: | Parent Agency | Administrator | CISSY HOOD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/20/2010 | Owner Information |
| License # | 013470 | | | | | CHILD'S PLAY THERAPEUTIC HOMECARE INC. |
| Lic Expire | 07/31/2018 | | | | | 8318 JONES MALTSBERGER SUITE 121 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 348-7529 | Fax | (210) 348-7527 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA CAPLINGER | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018414 | | | | | LHCG CXXIV LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | | | | | | LAFALETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (210) 785-5800 | Fax | (210) 785-5803 | | | Services: |
| Type: | Parent Agency | Administrator | DIANE FINCH | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018437 | | | | | LHCG CXVI, LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 457777 | | | | | LAFALETTE, TX 70505 |
| Medicare 2: | | | | | | |
| Phone | (210) 785-5200 | Fax | (210) 785-5292 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT T. GALLIARDT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018438 | | | | | LHCG CXVI, LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | | | | | | LAFALETTE, TX 70505 |
| Medicare 2: | | | | | | |
| Phone | (210) 785-5200 | Fax | (210) 785-5292 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT T. GALLIARDT | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018394 | | | | | LHCG CXVII, LLC |
| Lic Expire | 08/31/2019 | | | | | P.O. BOX 51266 |
| Medicare 1: | 451514 | | | | | LAFALETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (210) 558-6300 | Fax | (210) 615-3600 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DONNA BALL-MARTIN | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018394 | | | | | LHCG CXVII, LLC |
| Lic Expire | 08/31/2019 | | | | | P.O. BOX 51266 |
| Medicare 1: | 451514 | | | | | LAFALETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (210) 785-5255 | Fax | (210) 785-5839 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA BALL-MARTIN | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/31/2006 | Owner Information |
| License # | 010496 | | | | | CIMA HOSPICE |
| Lic Expire | 05/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 451765 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (210) 561-5522 | Fax | (210) 561-5633 | | | Services: |
| Type: | Parent Agency | Administrator | CLIFTON WILLIAMSON III | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 09/17/2013 | Owner Information |
| License # | 015904 | | | | | CTW HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 4553 N LOOP 1604 W STE#1119 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (210) 698-9844 | Fax | (210) 698-3220 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLOTTE CHANDLER | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|---|
| County | BEXAR | Region | 08 | Date Licensed | 12/11/2017 | <u>Owner Information</u> |
| License # | 016554 | | | | | RESTORATIVE HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 271476 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78427 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 933-6195 | Fax | (361) 758-5206 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | HARRY D CAMPBELL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/31/2002 | <u>Owner Information</u> |
| License # | 007963 | | | | | COLONIAL HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 2735 NACOGDOCHES RD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 225-1115 | Fax | (210) 225-1114 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTOR CAMILO SANCHEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 10/19/2016 | <u>Owner Information</u> |
| License # | 017683 | | | | | CGV HOLDINGS LLC |
| Lic Expire | 10/31/2018 | | | | | 211 SWITCH OAK |
| Medicare 1: | | | | | | SHAVANO PARK, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 637-9283 | Fax | (210) 899-0959 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CARLOS G. VALENCIANO, SR. | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/15/2013 | <u>Owner Information</u> |
| License # | 015800 | | | | | SDX HOME CARE OPERATIONS LLC |
| Lic Expire | 08/31/2019 | | | | | 6640 POE AVE STE 200 |
| Medicare 1: | | | | | | DAYTON, OH 45414 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 399-0202 | Fax | (210) 399-4840 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TINA LEWIS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/07/2012 | <u>Owner Information</u> |
| License # | 015056 | | | | | COMMUNITY ASSISTANCE HEALTHCARE SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 15714 ROBIN VIEW |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78255 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 305-1772 | Fax | (210) 941-0071 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANDRA PUENTE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/03/2015 | <u>Owner Information</u> |
| License # | 017014 | | | | | COMPANION HOSPICE AND PALLIATIVE CARE OF SOUTH TEXAS LLC |
| Lic Expire | 09/30/2019 | | | | | 500 N STATE COLLEGE BLVD., #1250 |
| Medicare 1: | 741599 | | | | | ORANGE, CA 92868 |
| Medicare 2: | | | | | | Services: |
| Phone | (855) 320-5552 | Fax | (855) 321-5552 | | | Hospice |
| Type: | Parent Agency | Administrator | PAULA SLOAN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/15/2015 | <u>Owner Information</u> |
| License # | 017178 | | | | | CROSSROADS HOSPICE INC |
| Lic Expire | 07/31/2019 | | | | | 1900 S. GREGG ST. |
| Medicare 1: | 671604 | | | | | BIG SPRING, TX 79720 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 403-2121 | Fax | (432) 263-9998 | | | Hospice |
| Type: | Parent Agency | Administrator | BRENDA EAKIN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 02/01/2017 | Owner Information |
| License # | 018098 | | | | | COMPASSUS OP OF TEXAS LLC |
| Lic Expire | 01/31/2019 | | | | | 10 CADILLAC DRIVE SUITE 400 |
| Medicare 1: | 671550 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (210) 731-0505 | Fax | (210) 731-0223 | | | Services: |
| Type: | Parent Agency | Administrator | CELESTE MCGRAW | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 12/31/2005 | Owner Information |
| License # | 010623 | | | | | COMPLETECARE HOME HEALTH AND HOSPICE |
| Lic Expire | 12/31/2019 | | | | | 1112 BLANCO RD |
| Medicare 1: | 741504 | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | 457901 | | | | | |
| Phone | (210) 520-7977 | Fax | (210) 520-8114 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH POVOLISH | | | Licensed and Certified Home Health Services, Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/09/2012 | Owner Information |
| License # | 014791 | | | | | COMPREHENSIVE HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 10004 WURZBACH ROAD PMB 251 |
| Medicare 1: | 747915 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 614-0200 | Fax | (210) 614-0201 | | | Services: |
| Type: | Parent Agency | Administrator | ANDRES F VILLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/01/2001 | Owner Information |
| License # | 007836 | | | | | CONCORD PRIMARY CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 9627 HUEBNER RD STE#110 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 732-0130 | Fax | (210) 732-0120 | | | Services: |
| Type: | Parent Agency | Administrator | IFEOMA JACQUELINE OKOLO | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/27/1992 | Owner Information |
| License # | 002360 | | | | | CONTINUCARE HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 4031 BURNING TREE |
| Medicare 1: | 677515 | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 734-6166 | Fax | (210) 734-3810 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA H VALDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/05/2004 | Owner Information |
| License # | 009009 | | | | | CORAM ALTERNATE SITE SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | ONE CVS DRIVE, MC #1160 |
| Medicare 1: | | | | | | WOONSOCKET, RI 02895 |
| Medicare 2: | | | | | | |
| Phone | (210) 523-0125 | Fax | (210) 523-0160 | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA GAIN CLARKE | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/14/2016 | Owner Information |
| License # | 017522 | | | | | DALASIS HOUSE LLC |
| Lic Expire | 07/31/2018 | | | | | 1628 LOCKHILL SELMA RD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 568-7344 | Fax | (210) 384-2581 | | | Services: |
| Type: | Parent Agency | Administrator | DALASI BUNCHIE GAYOU | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/15/2017 | Owner Information |
| License # | 018245 | | | | | DELLA ROSA HEALTH CARE CORPORATION |
| Lic Expire | 08/31/2019 | | | | | 7927 HIGHLAND PARK |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78250 |
| Medicare 2: | | | | | | |
| Phone | (210) 549-0179 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | GABRIEL OLUWAKOTANMI | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | BEXAR | Region | 08 | Date Licensed | 02/12/2016 | Owner Information |
| License # | 017270 | | | | | DESAVOR HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 592312 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78259 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 502-5183 | Fax | (210) 845-1426 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ULOMA IWUALA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/13/2013 | Owner Information |
| License # | 015918 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 12/31/2019 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 798-0123 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAQUELINE MONTION | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/20/2017 | Owner Information |
| License # | 018178 | | | | | ENVISION HEALTH CARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 23635 VERDE RIVER |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78255 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 284-6509 | Fax | (210) 547-7807 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADRIAN MARTINEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/18/2017 | Owner Information |
| License # | 013979 | | | | | DOGWOOD HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 720 WEST PALMA VISTA DRIVE SUITE 5 |
| Medicare 1: | | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-3957 | Fax | (956) 580-8188 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JAVIER MONTELONGO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/10/2005 | Owner Information |
| License # | 009747 | | | | | PUGMAN INC |
| Lic Expire | 05/31/2018 | | | | | 9515 CANTURA CREST |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78250 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 289-1582 | Fax | (210) 680-1180 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UGO C UWAKA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/29/2014 | Owner Information |
| License # | 016351 | | | | | EASTWOOD REALTY SOLUTIONS INC |
| Lic Expire | 07/31/2018 | | | | | 2711 MARTIN LUTHER KING DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78220 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 532-5700 | Fax | (210) 532-5707 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALICE MILLER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/24/1995 | Owner Information |
| License # | 003896 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 02/28/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 979-7009 | Fax | (210) 979-6660 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA JOHNSON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/01/2015 | Owner Information |
| License # | 014052 | | | | | ELDER HOMECARE INC |
| Lic Expire | 04/30/2019 | | | | | 1512 W. HOWARD LANE |
| Medicare 1: | | | | | | AUSTIN, TX 78728 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 999-5971 | Fax | (210) 275-6411 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | MIMI ANH-NGOC TRAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 09/23/2010 | Owner Information |
| License # | 013573 | | | | | EMBRACE HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 5835 CALLAGHAN RD SUITE 500 |
| Medicare 1: | 671676 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 691-3600 | Fax | (210) 588-0888 | | | Services: |
| Type: | Parent Agency | Administrator | KEITH BECKER | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 02/10/2012 | Owner Information |
| License # | 014636 | | | | | EMPOWER THERAPY SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 12369 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 648-3579 | Fax | (210) 541-0114 | | | Services: |
| Type: | Parent Agency | Administrator | LORRAINE BOSWELL | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/20/2015 | Owner Information |
| License # | 009908 | | | | | EN SU CASA PRIMARY HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 401 S. PRESA ST., |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78205 |
| Medicare 2: | | | | | | |
| Phone | (210) 495-2953 | Fax | (210) 403-3210 | | | Services: |
| Type: | Branch Agency | Administrator | LINDA SMITH | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/01/2005 | Owner Information |
| License # | 009908 | | | | | EN SU CASA PRIMARY HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 401 S. PRESA ST., |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78205 |
| Medicare 2: | | | | | | |
| Phone | (210) 922-2560 | Fax | (210) 923-7325 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA SMITH | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/01/2015 | Owner Information |
| License # | 016931 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 06/30/2019 | | | | | 6688 N. CENTRAL EXPRESSWAY, SUTIE#1300 |
| Medicare 1: | 679678 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (210) 824-0144 | Fax | (210) 824-0148 | | | Services: |
| Type: | Parent Agency | Administrator | ANNABEL LINSOMB | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/01/2004 | Owner Information |
| License # | 009490 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 11/30/2018 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 679044 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (210) 824-0144 | Fax | (210) 824-0148 | | | Services: |
| Type: | Parent Agency | Administrator | SHEILA ANDERSSEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/04/2013 | Owner Information |
| License # | 015981 | | | | | TH OF SAN ANTONIO LLC |
| Lic Expire | 11/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE#1300 |
| Medicare 1: | 671746 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (210) 901-7300 | Fax | (210) 308-3092 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADINE DAILEY | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 08/11/2017 | Owner Information |
| License # | 018243 | | | | | ENLIGHTENED HEIGHTS HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 1840 LOCKHILL SELMA RD STE 103C |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 994-5388 | Fax | (210) 994-5388 | | | Services: |
| Type: | Parent Agency | Administrator | ERIC PETERSEN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 04/22/2014 | <u>Owner Information</u> |
| License # | 013878 | | | | | PYRA MED HEALTH SERVICES, LLC |
| Lic Expire | 12/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 226-9536 | Fax | (210) 924-3376 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JADE MANN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/13/2017 | <u>Owner Information</u> |
| License # | 013878 | | | | | PYRA MED HEALTH SERVICES, LLC |
| Lic Expire | 12/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 377-3742 | Fax | (210) 377-3744 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JADE MANN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/23/2010 | <u>Owner Information</u> |
| License # | 013878 | | | | | PYRA MED HEALTH SERVICES, LLC |
| Lic Expire | 12/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 245-4701 | Fax | (210) 318-4096 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JADE MANN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/18/2017 | <u>Owner Information</u> |
| License # | 018260 | | | | | EPIC HOSPICE CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 1840 LOCKHILL SELMA RD STE 103A |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 954-5388 | Fax | (210) 954-5388 | | | Hospice |
| Type: | Parent Agency | Administrator | ERIC PETERSEN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/15/2005 | <u>Owner Information</u> |
| License # | 009868 | | | | | ESSY QUALITY HEALTHCARE LLC |
| Lic Expire | 07/31/2019 | | | | | 11103 SAN PEDRO AVE SUITE 100 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 979-6969 | Fax | (210) 545-7555 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESTHER ONY | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/14/2006 | <u>Owner Information</u> |
| License # | 010344 | | | | | ESTEEM HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 10211 WILDERNESS GAP |
| Medicare 1: | 679626 | | | | | SAN ANTONIO, TX 78254 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 366-3661 | Fax | (210) 647-4525 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUWAYEMISI OGUNFEITIMI | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/25/2016 | <u>Owner Information</u> |
| License # | 014576 | | | | | ESTRELLA PROVIDER SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 6414 MCPHERSON RD #2 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 504-4848 | Fax | (866) 239-0666 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOSE CRESENCIO GONZALEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/27/2016 | <u>Owner Information</u> |
| License # | 017546 | | | | | RUEDA ENTERPRISES INC |
| Lic Expire | 07/31/2018 | | | | | 1131 BABCOCK RD SUITE 125 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 734-4343 | Fax | (210) 254-9269 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSICA ROBLES-REYES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/13/2016 | Owner Information |
| License # | 017519 | | | | | FOREVER LOVING ADORING RESPECTING THE ELDERLY IN HOME CARE P |
| Lic Expire | 07/31/2018 | | | | | 14080 NACOGDOCHES RD., #248 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78247 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 218-1508 | Fax | (210) 637-1810 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SONJA A. FRAZIER-KOENIG | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/26/1987 | Owner Information |
| License # | 000891 | | | | | FAMILY SERVICE ASSOCIATION OF SAN ANTONIO INC |
| Lic Expire | 03/31/2018 | | | | | 702 SAN PEDRO |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 299-2400 | Fax | (210) 299-4498 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RONALD R. FLORES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/04/2017 | Owner Information |
| License # | 018144 | | | | | UNITY HOSPICE CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 10221 DESSERT SANDS SUITE 106A |
| Medicare 1: | 741626 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 780-3003 | Fax | (888) 507-0660 | | | Hospice |
| Type: | Parent Agency | Administrator | KAREN ROCA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/25/2014 | Owner Information |
| License # | 016050 | | | | | VALEEN GUZMAN |
| Lic Expire | 02/28/2018 | | | | | 403 JUNIPER ST. |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78223 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 716-7416 | Fax | (845) 698-3396 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VALEEN GUZMAN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/13/2017 | Owner Information |
| License # | 018104 | | | | | FIRST STEPS THERAPY SERVICES PLLC |
| Lic Expire | 06/30/2019 | | | | | 27880 RIATA RANCH DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78261 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 870-9430 | Fax | (210) 568-4995 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SARAH SIMPSON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/06/2017 | Owner Information |
| License # | 018146 | | | | | COLMEX HOME CARE, LLC |
| Lic Expire | 07/31/2019 | | | | | 47 THREE LAKES DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78248 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 744-4100 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CESAR CANTOR | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/30/2013 | Owner Information |
| License # | 015942 | | | | | RIO VALLEY HEALTHCARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 4502 CENTERVIEW DRIVE STE#225 |
| Medicare 1: | 747361 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 590-8886 | Fax | (210) 590-8887 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANDY G. QUINTERO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/22/2017 | Owner Information |
| License # | 018120 | | | | | SHEPHERD LIVING HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 1618 GREYSTIN RIDGE |
| Medicare 1: | 741631 | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 584-4238 | Fax | (210) 714-4650 | | | Hospice |
| Type: | Parent Agency | Administrator | MOLLY TREVINO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|---|
| County | BEXAR | Region | 08 | Date Licensed | 04/03/2017 | <u>Owner Information</u> |
| License # | 015423 | | | | | FREEDOM HOSPICE |
| Lic Expire | 11/30/2018 | | | | | 9001 AIRPORT FREEWAY, SUITE 570 |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | |
| Phone | (800) 457-6910 | Fax | (817) 265-0145 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BRANDY COVINGTON | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 04/08/2014 | <u>Owner Information</u> |
| License # | 016136 | | | | | FROM THE HEART PEDIATRIC THERAPY, INC. |
| Lic Expire | 04/30/2018 | | | | | 15222 ELM PARK |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78247 |
| Medicare 2: | | | | | | |
| Phone | (210) 404-9228 | Fax | (210) 404-9239 | | | Services: |
| Type: | Parent Agency | Administrator | KELLI GIBBONS | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/18/2015 | <u>Owner Information</u> |
| License # | 017037 | | | | | FUSION HOME HEALTH, LLC |
| Lic Expire | 09/30/2019 | | | | | 10119 WILDHORSE PKWY |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78254 |
| Medicare 2: | | | | | | |
| Phone | (210) 461-6189 | Fax | (210) 568-4879 | | | Services: |
| Type: | Parent Agency | Administrator | FERNANDO RODRIGUEZ | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/03/2010 | <u>Owner Information</u> |
| License # | 013551 | | | | | GENERATIONS HEALTH CARE, INC |
| Lic Expire | 09/30/2018 | | | | | 2819 NW LOOP 410 SUITE B |
| Medicare 1: | 747595 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | 741706 | | | | | |
| Phone | (210) 595-8553 | Fax | (210) 745-4601 | | | Services: |
| Type: | Parent Agency | Administrator | TIFFANY L GRAVES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 08/07/2013 | <u>Owner Information</u> |
| License # | 015692 | | | | | GENERATIONS HOSPICE CARE, INC. |
| Lic Expire | 08/31/2019 | | | | | 2819 NW LOOP 410 SUITE C |
| Medicare 1: | 741510 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 979-9933 | Fax | (210) 979-9932 | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS GRAVES | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 04/17/2014 | <u>Owner Information</u> |
| License # | 016155 | | | | | GENEROUS HOME CARE MANAGEMENT, LLC |
| Lic Expire | 04/30/2018 | | | | | 8600 WURZBACH RD STE. 802 |
| Medicare 1: | 747974 | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | 741575 | | | | | |
| Phone | (210) 239-5056 | Fax | (210) 267-9011 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE AGUILAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 11/30/2007 | <u>Owner Information</u> |
| License # | 011757 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (210) 616-0212 | Fax | (210) 615-8545 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA CRAWFORD | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/10/2013 | <u>Owner Information</u> |
| License # | 015590 | | | | | GOOD SHEPHERD HOSPICE OF SAN ANTONIO, L.L.C. |
| Lic Expire | 06/30/2019 | | | | | 15614 HUEBNER ROAD SUITE 109 |
| Medicare 1: | 671793 | | | | | SAN ANTONIO, TX 78248 |
| Medicare 2: | | | | | | |
| Phone | (210) 733-3939 | Fax | (210) 733-3488 | | | Services: |
| Type: | Parent Agency | Administrator | LORRIE ALLEN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 08/03/2017 | <u>Owner Information</u> |
| License # | 018538 | | | | | GREEN APPLE HOMECARE SOLUTIONS LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 782388 |
| Medicare 1: | 743121 | | | | | SAN ANTONIO, TX 78278 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 524-2400 | Fax | (210) 524-2414 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LOUCINDA MIJARES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/12/2003 | <u>Owner Information</u> |
| License # | 008640 | | | | | G & L MCGUIRE MANAGEMENT SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 27207 TRINITY BEND |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78261 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 496-9993 | Fax | (866) 373-7577 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GEORGE MCGUIRE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/01/2014 | <u>Owner Information</u> |
| License # | 016295 | | | | | GUARDIAN ANGELS PEDIATRIC HOME CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 7272 WURZBACH ROAD, SUITE 1104 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 437-4119 | Fax | (210) 569-5257 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KENNETH VALENTE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/22/2010 | <u>Owner Information</u> |
| License # | 013969 | | | | | JLM HEALTHCARE INC |
| Lic Expire | 12/31/2018 | | | | | 1500 N GREENVILLE AVE, SUITE 300 |
| Medicare 1: | 453152 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 377-1033 | Fax | (210) 377-2560 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ROBYN LARA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/24/2013 | <u>Owner Information</u> |
| License # | 015665 | | | | | GUIDING LIGHT HOSPICE INC |
| Lic Expire | 07/31/2019 | | | | | 104 GALLERY CIRCLE # 108 |
| Medicare 1: | 741503 | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 585-2335 | Fax | (210) 787-1962 | | | Hospice |
| Type: | Parent Agency | Administrator | TOBI J AGUIGUI | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/10/2017 | <u>Owner Information</u> |
| License # | 018237 | | | | | HALLMARK HOSPICE CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 1840 LOCKHILL SELMA RD STE 103B |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 994-5388 | Fax | (210) 994-5388 | | | Hospice |
| Type: | Parent Agency | Administrator | ERIC PETERSEN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/18/2002 | <u>Owner Information</u> |
| License # | 007952 | | | | | MRS RTS INC |
| Lic Expire | 05/31/2019 | | | | | 8610 N. NEW BRAUNFELS AVE., STE#301 |
| Medicare 1: | 679203 | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 655-8700 | Fax | (210) 654-6358 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CECILIA GUERRERO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 10/03/2013 | <u>Owner Information</u> |
| License # | 015794 | | | | | HARBOR HOSPICE OF CENTRAL SAN ANTONIO LP |
| Lic Expire | 10/31/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (210) 481-0500 | Fax | (210) 481-0504 | | | Services: |
| Type: | Parent Agency | Administrator | BRYAN GASPARD | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 02/20/2013 | <u>Owner Information</u> |
| License # | 015377 | | | | | HARBOR HOSPICE OF SOUTH SAN ANTONIO, LP |
| Lic Expire | 02/28/2019 | | | | | 3406 COLLEGE ST #200 |
| Medicare 1: | 741573 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (210) 481-0500 | Fax | (210) 481-0504 | | | Services: |
| Type: | Parent Agency | Administrator | BRYAN GASPARD | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 09/05/2007 | <u>Owner Information</u> |
| License # | 011557 | | | | | HARBOUR HOSPICE OF BEXAR COUNTY LLC |
| Lic Expire | 09/30/2019 | | | | | 12915 JONES MALTSBERGER SUITE #501 |
| Medicare 1: | 671593 | | | | | SAN ANTONIO, TX 78247 |
| Medicare 2: | | | | | | |
| Phone | (210) 403-9911 | Fax | (210) 403-9926 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA GORCHOW | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | | <u>Owner Information</u> |
| License # | 015330 | | | | | DIVINE HEALERS INC |
| Lic Expire | | | | | | 24919 GINGER RANCH DR |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (210) 314-8776 | Fax | (210) 314-8776 | | | Services: |
| Type: | Branch Agency | Administrator | AFOLAKE AYODELE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/23/2006 | <u>Owner Information</u> |
| License # | 010694 | | | | | GIBSON PERSONAL SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 415 CR 3823 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78253 |
| Medicare 2: | | | | | | |
| Phone | (210) 738-9000 | Fax | (210) 738-9018 | | | Services: |
| Type: | Parent Agency | Administrator | CAROL A GIBSON | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/06/2013 | <u>Owner Information</u> |
| License # | 015756 | | | | | PRIDE HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 7410 BLANCO RD., STE#101 |
| Medicare 1: | 673146 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 366-4272 | Fax | (210) 979-9953 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA JEAN LONGORIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/03/2007 | <u>Owner Information</u> |
| License # | 011454 | | | | | ALAMO ELDERCARE LLC |
| Lic Expire | 07/31/2019 | | | | | 6202 WEST AVE., |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 404-9373 | Fax | (210) 403-0730 | | | Services: |
| Type: | Parent Agency | Administrator | TED A MOORE | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/08/2013 | <u>Owner Information</u> |
| License # | 016068 | | | | | HEART TO HEART HOSPICE OF SAN ANTONIO, LLC |
| Lic Expire | 07/31/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671533 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (210) 922-0001 | Fax | (210) 922-0005 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MICHAEL WALLACE | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/08/2013 | <u>Owner Information</u> |
| License # | 016068 | | | | | HEART TO HEART HOSPICE OF SAN ANTONIO, LLC |
| Lic Expire | 07/31/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671533 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (210) 824-4113 | Fax | (210) 824-4994 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL WALLACE | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 12/21/2007 | <u>Owner Information</u> |
| License # | 011805 | | | | | IN HOME HEALTH LLC |
| Lic Expire | 12/31/2019 | | | | | 333 NORTH SUMMIT STREET |
| Medicare 1: | 451651 | | | | | TOLEDO, OH 43604 |
| Medicare 2: | | | | | | |
| Phone | (210) 340-0499 | Fax | (210) 615-1177 | | | Services: |
| Type: | Parent Agency | Administrator | KATHRYN SKYES-WITZSCHE | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 06/07/2017 | <u>Owner Information</u> |
| License # | 018157 | | | | | DSE ENTERPRISES, LLC |
| Lic Expire | 06/30/2019 | | | | | 7400 LOUIS PASTEUR DRIVE, SUITE 101 |
| Medicare 1: | 671640 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 231-0435 | Fax | (210) 231-0440 | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL CASTILLO | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 04/01/2010 | <u>Owner Information</u> |
| License # | 013250 | | | | | SA HELPING HANDS LLC |
| Lic Expire | 03/31/2018 | | | | | 5655 PAN AM EXPWY S |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78211 |
| Medicare 2: | | | | | | |
| Phone | (210) 977-8273 | Fax | (210) 977-8274 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCES BENITES | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/14/2013 | <u>Owner Information</u> |
| License # | 015302 | | | | | HELPING OUR SENIORS, LLC |
| Lic Expire | 01/31/2019 | | | | | 13774 GEORGE ROAD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78231 |
| Medicare 2: | | | | | | |
| Phone | (210) 492-8100 | Fax | (210) 493-7054 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA CAVE | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/12/2016 | <u>Owner Information</u> |
| License # | 017781 | | | | | MARTIN HOME CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 4007 MCCULLOUGH AVE STE 485 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 501-0716 | Fax | (210) 876-1876 | | | Services: |
| Type: | Parent Agency | Administrator | PHILIP JOHN MARTIN | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/24/2014 | <u>Owner Information</u> |
| License # | 016048 | | | | | TJS MANAGEMENT LLC |
| Lic Expire | 02/28/2018 | | | | | 4502 CENTERVIEW SUITE #200 |
| Medicare 1: | 741552 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 375-5914 | Fax | (210) 375-5919 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE CRIDER | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 11/21/2012 | <u>Owner Information</u> |
| License # | 015222 | | | | | SAN ANTONIO HOME CARE ASSISTANCE LLC |
| Lic Expire | 11/30/2018 | | | | | 22016 SENNA HILLS DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78266 |
| Medicare 2: | | | | | | |
| Phone | (210) 495-6300 | Fax | (210) 495-6301 | | | Services: |
| Type: | Parent Agency | Administrator | SARA MARROW | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 10/21/2004 | <u>Owner Information</u> |
| License # | 009363 | | | | | HOME CARING LLC |
| Lic Expire | 10/31/2019 | | | | | 301 BLANCO ROAD SUITE B |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 737-9230 | Fax | (210) 737-9644 | | | Services: |
| Type: | Parent Agency | Administrator | FELIPE G VASQUEZ | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/19/2002 | <u>Owner Information</u> |
| License # | 007873 | | | | | HOME HEALTH INNOVATIONS INC |
| Lic Expire | 03/31/2018 | | | | | 530 BANDERA ROAD |
| Medicare 1: | 679164 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 738-1600 | Fax | (210) 738-1601 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE TREVINO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/08/2011 | <u>Owner Information</u> |
| License # | 014204 | | | | | FIGUEROA CAREGIVING SERVICES, LLC |
| Lic Expire | 07/31/2019 | | | | | 9984 ECHO PLAIN DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78245 |
| Medicare 2: | | | | | | |
| Phone | (210) 627-7018 | Fax | (210) 757-3519 | | | Services: |
| Type: | Parent Agency | Administrator | ABIGAIL FIGUEROA | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/09/2002 | <u>Owner Information</u> |
| License # | 007822 | | | | | GULF STATE SENIOR SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 4466 LOCKHILL SELMA ROAD, STE#101 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (210) 614-1132 | Fax | (210) 614-6399 | | | Services: |
| Type: | Parent Agency | Administrator | JILL HOLFINGER | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/09/2004 | <u>Owner Information</u> |
| License # | 010116 | | | | | BROWN & BROWN RESOURCES INC |
| Lic Expire | 07/31/2019 | | | | | 2608 N MAIN AVENUE, STE#3 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-8807 | Fax | (210) 822-8863 | | | Services: |
| Type: | Parent Agency | Administrator | MANDY TORRES | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/09/2004 | <u>Owner Information</u> |
| License # | 010115 | | | | | BROWN & BROWN RESOURCES INC |
| Lic Expire | 07/31/2018 | | | | | 2608 N MAIN AVENUE, STE#3 |
| Medicare 1: | 457251 | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-8807 | Fax | (210) 822-8863 | | | Services: |
| Type: | Parent Agency | Administrator | MANDY TORRES | | | Licensed and Certified Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/17/2017 | <u>Owner Information</u> |
| License # | 017971 | | | | | HEMOCARE DIMENSIONS INC |
| Lic Expire | 02/28/2019 | | | | | 12500 NETWORK BOULEVARD SUITE #210 |
| Medicare 1: | 678191 | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (210) 696-2626 | Fax | (210) 696-9987 | | | Services: |
| Type: | Parent Agency | Administrator | KATHIE MASTEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/17/2009 | <u>Owner Information</u> |
| License # | 013040 | | | | | HEMOCARE SUPPORT GROUP INC |
| Lic Expire | 12/31/2019 | | | | | 8515 SAN JUANICO |
| Medicare 1: | | | | | | HOUSTON, TX 77044 |
| Medicare 2: | | | | | | |
| Phone | (210) 324-1162 | Fax | (210) 340-4451 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA BALES | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|---|--|
| County | BEXAR | Region | 08 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | HOMEWATCH CAREGIVERS OF NORTH SAN ANTONIO | |
| Lic Expire | | | | | 1802 NE LOOP 410 SUITE 206 | |
| Medicare 1: | | | | | SAN ANTONIO, TX 78217 | |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 263-3143 | Fax | (210) 263-3147 | | | |
| Type: | Parent Agency | Administrator | KATIE WALKER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/03/2017 | <u>Owner Information</u> |
| License # | 018238 | | | | HOMEWATCH CAREGIVERS OF NORTH SAN ANTONIO | J AND P JONES PROPRIETORS LLC |
| Lic Expire | 03/31/2019 | | | | 1802 NE LOOP 410 SUITE 206 | 1802 NE LOOP 410 SUITE#206 |
| Medicare 1: | | | | | SAN ANTONIO, TX 78217 | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 263-3143 | Fax | (210) 263-3147 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAMELA A JONES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/25/2012 | <u>Owner Information</u> |
| License # | 015338 | | | | HONORCARE HOME HEALTH | HONORCARE HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | 7551 CALLAGHAN SUITE 102 A | 7551 CALLAGHAN STE#105 |
| Medicare 1: | 457910 | | | | SAN ANTONIO, TX 78229 | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 524-9889 | Fax | (210) 524-0099 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARTHA LEWIS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 10/05/2005 | <u>Owner Information</u> |
| License # | 010026 | | | | HOSPICE COMPASSUS-SAN ANTONIO | ASPERION HOSPICE OF SAN ANTONIO LP |
| Lic Expire | 10/31/2018 | | | | 4242 PIEDRAS DRIVE EAST SUITE 108 | 12 CADILLAC DRIVE STE#360 |
| Medicare 1: | 671520 | | | | SAN ANTONIO, TX 78228 | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 731-0505 | Fax | (210) 731-0223 | | | Hospice |
| Type: | Parent Agency | Administrator | CHRISTINA PURCELL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/16/2011 | <u>Owner Information</u> |
| License # | 014286 | | | | HOSPICE OF SAN ANTONIO | SIXRSIG LLC |
| Lic Expire | 08/31/2019 | | | | 85 NE LOOP 410 SUITE 607 | 85 NE LOOP 410 STE 607 |
| Medicare 1: | 671767 | | | | SAN ANTONIO, TX 78216 | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 787-3343 | Fax | (210) 579-1023 | | | Hospice |
| Type: | Parent Agency | Administrator | JARED COLLETTE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/05/2016 | <u>Owner Information</u> |
| License # | 017259 | | | | IKIRU HOSPICE LLC | IKIRU HOSPICE LLC |
| Lic Expire | 02/28/2018 | | | | 7271 WURZBACH RD STE 187 | 7271 WURZBACH RD STE 187 |
| Medicare 1: | | | | | SAN ANTONIO, TX 78240 | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 634-2195 | Fax | (210) 587-7915 | | | Hospice |
| Type: | Parent Agency | Administrator | BRANDY GOMEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/30/2007 | <u>Owner Information</u> |
| License # | 011553 | | | | IN HOME SENIOR CARE | VOTIVUS INC |
| Lic Expire | 08/31/2018 | | | | 5825 CALLAGHAN ROAD SUITE 108 | 5805 CALLAGHAN RD SUITE #300 |
| Medicare 1: | | | | | SAN ANTONIO, TX 78228 | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 256-2273 | Fax | (210) 521-5980 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LIZ LEIJA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 01/25/2007 | <u>Owner Information</u> |
| License # | 011018 | | | | INHOME CARE | INHOME CARE INC |
| Lic Expire | 01/31/2019 | | | | 3030 NACOGDOCHES ROAD SUITE#200 | 808 W INDIANA |
| Medicare 1: | 679775 | | | | SAN ANTONIO, TX 78217 | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 212-6678 | Fax | (210) 212-6833 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL WATERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 04/01/2007 | <u>Owner Information</u> |
| License # | 011225 | | | | | INTEGRITY SENIOR CARE LLC |
| Lic Expire | 03/31/2018 | | | | | 3904 FREDERICKSBURG SUITE #2-102 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (210) 734-0424 | Fax | (210) 745-4599 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA LOTT | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/26/2013 | <u>Owner Information</u> |
| License # | 011575 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2018 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (210) 377-3933 | Fax | (210) 525-1842 | | | Services: |
| Type: | Branch Agency | Administrator | RHONDA CAIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/15/2007 | <u>Owner Information</u> |
| License # | 011574 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (210) 614-8299 | Fax | (210) 615-8559 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA CAIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/15/2007 | <u>Owner Information</u> |
| License # | 011541 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2018 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (210) 979-0208 | Fax | (210) 340-0468 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA CAIN | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/15/2007 | <u>Owner Information</u> |
| License # | 011575 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2018 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | 677504 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (210) 377-3933 | Fax | (210) 525-1842 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA CAIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/12/2010 | <u>Owner Information</u> |
| License # | 013709 | | | | | JOE ANTHONY HOME CARE, LLC |
| Lic Expire | 11/30/2018 | | | | | 105 BILTMORE SUITE#205 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 293-1170 | Fax | (210) 525-0141 | | | Services: |
| Type: | Parent Agency | Administrator | LORRAINE ESQUIVEL | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/17/2015 | <u>Owner Information</u> |
| License # | 016860 | | | | | JONSAN HOME HEALTH INCORPORATED |
| Lic Expire | 06/30/2019 | | | | | 5355 BREWSTER STREET |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78233 |
| Medicare 2: | | | | | | |
| Phone | (210) 504-3608 | Fax | (210) 787-4145 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA CRADY | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/01/2007 | <u>Owner Information</u> |
| License # | 011260 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (210) 737-1700 | Fax | (210) 785-9908 | | | Services: |
| Type: | Parent Agency | Administrator | JACLYN SCHULTZ | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/16/2012 | Owner Information |
| License # | 015154 | | | | | DOMINION CARE MANAGEMENT GROUP LLC |
| Lic Expire | 07/31/2018 | | | | | 14295 MIDWAY ROAD, STE#400 |
| Medicare 1: | 679275 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (210) 342-9922 | Fax | (210) 342-9929 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT CONTRERAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011737 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 679074 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (210) 614-0473 | Fax | (210) 614-0746 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA GONZALEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/01/1995 | Owner Information |
| License # | 004072 | | | | | FAMILY HOSPICE LTD |
| Lic Expire | 03/31/2019 | | | | | 12900 FOSTER STREET SUITE #400 |
| Medicare 1: | 451563 | | | | | OVERLAND, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (210) 738-8141 | Fax | (210) 738-3507 | | | Services: |
| Type: | Parent Agency | Administrator | SIMUNETHIA LEWIS | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 10/23/2006 | Owner Information |
| License # | 007712 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (210) 492-1400 | Fax | (210) 492-1475 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DARLEEN PARK | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 07/01/2001 | Owner Information |
| License # | 007712 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451682 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (210) 733-1212 | Fax | (210) 733-1331 | | | Services: |
| Type: | Parent Agency | Administrator | DARLEEN PARK | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 06/24/2016 | Owner Information |
| License # | 017482 | | | | | LA DIFERENCIA HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | 5460 BABCOCK RD STE 120 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 634-2213 | Fax | (210) 587-7915 | | | Services: |
| Type: | Parent Agency | Administrator | BRANDY T GOMEZ | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/31/2001 | Owner Information |
| License # | 007638 | | | | | CHARLES S RAMON LLC |
| Lic Expire | 05/31/2018 | | | | | 2307 SAN FERNANDO |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78207 |
| Medicare 2: | | | | | | |
| Phone | (210) 436-0533 | Fax | (210) 579-6765 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH DAVILA | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/20/2013 | Owner Information |
| License # | 015879 | | | | | LA GLORIA HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | P. O. BOX 33785 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78265 |
| Medicare 2: | | | | | | |
| Phone | (210) 257-6669 | Fax | (210) 257-6573 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA SALINAS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 05/07/2013 | Owner Information |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 736-1855 | Fax | (210) 736-7120 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | AMBROSE HERNANDEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/07/2011 | Owner Information |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 736-1855 | Fax | (210) 736-7120 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | AMBROSE HERNANDEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/20/2016 | Owner Information |
| License # | 017411 | | | | | LIFE CARE HOSPICE AND PALLIATIVE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 7271 WURZBACH RD STE 187 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 634-2153 | Fax | (210) 587-7915 | | | Hospice |
| Type: | Parent Agency | Administrator | BRANDY GOMEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/16/2005 | Owner Information |
| License # | 009943 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 05/31/2018 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | 677011 | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERI SILVER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/06/2007 | Owner Information |
| License # | 011059 | | | | | LITTLE ENGINE HOMECARE INC |
| Lic Expire | 02/28/2018 | | | | | 3201 CHERRY RIDGE DRIVE SUITE D-400 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 692-0222 | Fax | (210) 692-0223 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ASCHWIN A POL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/15/2005 | Owner Information |
| License # | 009962 | | | | | ADEPT ONE HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 6323 SOVEREIGN RD #290 |
| Medicare 1: | 457918 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 377-3444 | Fax | (210) 377-3447 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHANTAL DEKKERS COKER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/11/2012 | Owner Information |
| License # | 015357 | | | | | LOVING CARE HOME HEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | P. O. BOX 35447 |
| Medicare 1: | 747079 | | | | | HOUSTON, TX 77235 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 697-7200 | Fax | (210) 697-7204 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHARON DACAMBRA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012915 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | 679310 | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 341-3800 | Fax | (855) 218-7226 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELA BARKER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 11/13/2003 | Owner Information |
| License # | 008735 | | | | | MAXMED HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | P. O. BOX 592240 |
| Medicare 1: | 453194 | | | | | SAN ANTONIO, TX 78259 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 599-3233 | Fax | (210) 579-6654 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUSEGUN OYEWOLE (AKA OLU OYE) | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/12/1995 | Owner Information |
| License # | 004137 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 12/31/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 227-9900 | Fax | (210) 227-2003 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALAN R. GARZA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/20/2015 | Owner Information |
| License # | 016781 | | | | | EXCELLENT HOMECARE PROVIDER SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 1230 |
| Medicare 1: | 741511 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 357-8372 | Fax | (956) 440-1837 | | | Hospice |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/01/2012 | Owner Information |
| License # | 014941 | | | | | MERIDA HEALTH CARE GROUP OF SAN ANTONIO LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 1230 |
| Medicare 1: | 677032 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 923-7800 | Fax | (210) 923-7801 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/28/2010 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 923-7800 | Fax | (210) 923-7801 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/14/2016 | Owner Information |
| License # | 017760 | | | | | MERIDIAN HCS LLC |
| Lic Expire | 04/30/2018 | | | | | 8546 BROADWAY STREET STE 211 |
| Medicare 1: | 457959 | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 826-9393 | Fax | (210) 826-8333 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUIS MARIN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/25/2016 | Owner Information |
| License # | 017293 | | | | | MISSION ROAD DEVELOPMENTAL CENTER |
| Lic Expire | 02/28/2018 | | | | | 8706 MISSION ROAD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78214 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 614-1161 | Fax | (210) 692-1524 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GAY BELLAMY | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/22/2016 | Owner Information |
| License # | 017995 | | | | | MMCARE LLC |
| Lic Expire | 12/31/2018 | | | | | 700 BABCOCK RD |
| Medicare 1: | 457983 | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 734-1300 | Fax | (210) 734-1301 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ALYSON PUENTE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 04/23/2013 | <u>Owner Information</u> |
| License # | 015644 | | | | | NATIONAL NURSING & REHAB ADULT LLC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | 679395 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-0475 | Fax | (210) 822-0485 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA DISHER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 10/25/2001 | <u>Owner Information</u> |
| License # | 007510 | | | | | NATIONAL NURSING & REHAB INC |
| Lic Expire | 09/30/2018 | | | | | 5656 SOUTH STAPLES SUITE 210 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-0475 | Fax | (361) 851-0479 | | | Services: |
| Type: | Branch Agency | Administrator | PATRICIA DISHER | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/04/2013 | <u>Owner Information</u> |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (512) 851-8250 | Fax | (512) 394-5363 | | | Services: |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/18/2014 | <u>Owner Information</u> |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (254) 781-8702 | Fax | (254) 781-7804 | | | Services: |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/29/2011 | <u>Owner Information</u> |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-0475 | Fax | (210) 822-0485 | | | Services: |
| Type: | Parent Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/06/2009 | <u>Owner Information</u> |
| License # | 012383 | | | | | NEW BEGINNING HOME HEALTH AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 4203 GARDENDALE SUITE C-110 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 474-6328 | Fax | (210) 615-6818 | | | Services: |
| Type: | Parent Agency | Administrator | FELMA A RODRIGUEZ | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 01/19/2016 | <u>Owner Information</u> |
| License # | 017455 | | | | | COSMOS HOSPICE OF SAN ANTONIO LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 |
| Medicare 1: | 671612 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (210) 520-7734 | Fax | (210) 520-7737 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA PIANT | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 08/26/2015 | <u>Owner Information</u> |
| License # | 016999 | | | | | NEW HORIZON PROVIDER SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 4203 GARDENDALE ST C204 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 615-2210 | Fax | (210) 615-2216 | | | Services: |
| Type: | Parent Agency | Administrator | ERVETTE QUICK | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|---|
| County | BEXAR | Region | 08 | Date Licensed | 02/01/2012 | <u>Owner Information</u> NIX HOSPITALS SYSTEM LLC 3415 S SEPULVEDA BLVD, 9TH FLOOR LOS ANGELES, CA 90034 |
| License # | 014787 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | 458462 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 341-0505 | Fax | (210) 341-0707 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHRISTINA CRUZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/27/2017 | <u>Owner Information</u> SOFOLI INVESTMENTS LLC 5619 W LOOP 1604 N SUITE 124 #119 SAN ANTONIO, TX 78253 |
| License # | 018532 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (484) 767-2321 | Fax | | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | SONIA HERNANDEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/22/1999 | <u>Owner Information</u> NURSES UNLIMITED INC PO BOX 4534 ODESSA, TX 79760 |
| License # | 003467 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 732-4184 | Fax | (210) 732-4281 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/16/2014 | <u>Owner Information</u> OHANA PEDIATRIC HOME HEALTH LLC 3201 CHERRY RIDGE STREET SUITE C-314 SAN ANTONIO, TX 78230 |
| License # | 016564 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 451-8555 | Fax | (210) 451-8554 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANGELLA BROWN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/16/2014 | <u>Owner Information</u> ONCE UPON A TIME HOME HEALTH LLC 11107 WURZBACH SUITE 302 SAN ANTONIO, TX 78230 |
| License # | 016563 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 432-6623 | Fax | (210) 432-2663 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PATRICIA VINTON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/11/2003 | <u>Owner Information</u> OPTION CARE ENTERPRISES INC PO BOX 377 DEERFIELD, IL 60015 |
| License # | 008410 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 615-7211 | Fax | (210) 615-7250 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROSEANNA LEAL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/07/2016 | <u>Owner Information</u> MY OWN HOSPICE LLC 18414 US HWY 281 N, SUITE 104 SAN ANTONIO, TX 78259 |
| License # | 018026 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | 741589 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 988-2461 | Fax | (210) 404-9887 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | JULIO H. TAMAYO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/10/2016 | <u>Owner Information</u> GERIATRIC COMMUNITY HOSPICE CARE OF TEXAS LLC 4879 CORIAN SPRINGS DR SAN ANTONIO, TX 78247 |
| License # | 017562 | | | | | |
| Lic Expire | 08/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (210) 490-2288 | Fax | (844) 270-7576 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | TANPRASERTH VATANADILOK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007332 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 736-1812 | Fax | (210) 737-0843 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRACIE PHELPS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/31/2017 | Owner Information |
| License # | 017980 | | | | | PASSIONATE HEALING HEALTHCARE SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 9010 GALLOP CHASE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78254 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 455-9649 | Fax | (210) 455-9650 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RHONDA SCARLETT | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/26/2005 | Owner Information |
| License # | 009936 | | | | | ADEPT TWO HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 12770 CIMARRON PATH STE 134 |
| Medicare 1: | 457891 | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 340-4445 | Fax | (210) 340-4451 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA JEAN LONG | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/14/2017 | Owner Information |
| License # | 018166 | | | | | PEACE OF MIND HOSPICE LLC |
| Lic Expire | 07/31/2019 | | | | | 1846 LOCKHILL SELMA RD, SUITE 101A |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 643-7098 | Fax | (888) 696-3440 | | | Hospice |
| Type: | Parent Agency | Administrator | ERIC PETERSEN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/15/2014 | Owner Information |
| License # | 016216 | | | | | PEDIATRIC HEALTH THERAPY, INC. |
| Lic Expire | 05/31/2018 | | | | | 8717 TAMARISK ST., |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 649-0721 | Fax | (210) 455-7423 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TONY GARCIA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/02/2017 | Owner Information |
| License # | 016519 | | | | | TOTS IN TOW LLC |
| Lic Expire | 11/30/2018 | | | | | 12617 LEE PARK LANE |
| Medicare 1: | | | | | | AUSTIN, TX 78732 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 660-0207 | Fax | (866) 311-9885 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | DON MANICCIA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/12/2016 | Owner Information |
| License # | 017269 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2018 | | | | | 101 N SHORELINE BLVD STE 201 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78401 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 625-7452 | Fax | (210) 293-0512 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JULIE GOLIGHTLY | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/23/2014 | Owner Information |
| License # | 016229 | | | | | PEDIATRIC PRIVATE DUTY NURSING, INC. |
| Lic Expire | 05/31/2018 | | | | | 4207 GARDENDALE SUITE #B103 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 251-4316 | Fax | (210) 251-4062 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | AMANDA CABLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 02/28/2011 | Owner Information |
| License # | 013924 | | | | | PENTEC HEALTH, INC. |
| Lic Expire | 02/28/2019 | | | | | 4 CREEK PARKWAY, SUITE #A |
| Medicare 1: | | | | | | BOOTHWYN, PA 19061 |
| Medicare 2: | | | | | | Services: |
| Phone | (800) 223-4376 | Fax | (610) 494-6148 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NITA PASCHALL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/04/1998 | Owner Information |
| License # | 006603 | | | | | PERSONAL CARE MANAGEMENT INC |
| Lic Expire | 08/31/2018 | | | | | 3611 BROADWAY |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 829-1155 | Fax | (210) 829-1433 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRENDA NORBERTA JAYE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/16/2009 | Owner Information |
| License # | 012547 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 696-6005 | Fax | (210) 641-7881 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IVORY DARDEN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 01/06/2016 | Owner Information |
| License # | 017211 | | | | | PIETAS HOSPICE LLC |
| Lic Expire | 01/31/2018 | | | | | 7271 WURZBACH RD STE 187 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 670-5978 | Fax | (210) 587-7915 | | | Hospice |
| Type: | Parent Agency | Administrator | BRANDY GOMEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/07/2009 | Owner Information |
| License # | 012928 | | | | | R & C HEALTHCARE LLC |
| Lic Expire | 08/31/2019 | | | | | P. O BOX 99278 |
| Medicare 1: | 747021 | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 832-8031 | Fax | (855) 618-6655 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHELLE TORRES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/28/2017 | Owner Information |
| License # | 018211 | | | | | HIDALGO CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 4514 S. MCCOLL ROAD, SUITE 1 |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 634-1411 | Fax | (210) 634-1445 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCISCO J. NINO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/19/2017 | Owner Information |
| License # | 018127 | | | | | GRACEFULL LLC |
| Lic Expire | 05/31/2019 | | | | | 7400 PASTEUR DRIVE, STE#101 |
| Medicare 1: | 679655 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 231-0435 | Fax | (210) 231-0440 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | VANESSA RUSSELL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/26/1999 | Owner Information |
| License # | 007102 | | | | | PRIDE PHC SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 12500 SAN PEDRO SUITE# 315 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 949-1303 | Fax | (210) 949-1966 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUCINDA L CRUZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 01/26/2012 | <u>Owner Information</u> |
| License # | 014612 | | PRIMAVERA PHC | | | PRIMAVERA PRIMARY HOME CARE INC |
| Lic Expire | 01/31/2020 | | 1007 FAIR AVENUE | | | 1007 FAIR AVENUE |
| Medicare 1: | | | SAN ANTONIO, TX 78223 | | | SAN ANTONIO, TX 78223 |
| Medicare 2: | | | | | | |
| Phone | (210) 334-0955 | Fax | (210) 334-0926 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA SALINAS | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/27/2017 | <u>Owner Information</u> |
| License # | 018134 | | PRO RE NATA HOME HEALTHCARE | | | PRO RE NATA HOME HEALTHCARE, LLC |
| Lic Expire | 06/30/2019 | | 7963 M G RD | | | 7963 M G RD |
| Medicare 1: | | | SAN ANTONIO, TX 78251 | | | SAN ANTONIO, TX 78251 |
| Medicare 2: | | | | | | |
| Phone | (210) 568-7822 | Fax | (972) 294-1608 | | | Services: |
| Type: | Parent Agency | Administrator | MILINI NA KIA WRIGHT | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/12/1995 | <u>Owner Information</u> |
| License # | 003513 | | PROFESSIONAL CARE HOME HEALTH INC. | | | PROFESSIONAL CARE HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | 9516 CONTESSA | | | 9516 CONTESSA |
| Medicare 1: | | | SAN ANTONIO, TX 78216 | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 342-3464 | Fax | (210) 348-7074 | | | Services: |
| Type: | Parent Agency | Administrator | LARA E PINSON | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/16/2015 | <u>Owner Information</u> |
| License # | 016745 | | PROFESSIONAL CARETAKERS INC | | | PROFESSIONAL CARETAKERS INC |
| Lic Expire | 04/30/2019 | | 8603 BOTTS LANE | | | PO BOX 34659 |
| Medicare 1: | | | SAN ANTONIO, TX 78217 | | | FORT WORTH, TX 76162 |
| Medicare 2: | | | | | | |
| Phone | (210) 805-1266 | Fax | (210) 805-1269 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA ARISPE | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/02/1995 | <u>Owner Information</u> |
| License # | 003826 | | PROGRESSIVE HOME CARE INC | | | PROGRESSIVE HOME CARE INC |
| Lic Expire | 08/31/2019 | | 9258 CULEBRA RD SUITE 109 | | | 9258 CULEBRA RD SUITE 109 |
| Medicare 1: | 678101 | | SAN ANTONIO, TX 78251 | | | SAN ANTONIO, TX 78251 |
| Medicare 2: | | | | | | |
| Phone | (210) 543-9081 | Fax | (210) 680-9483 | | | Services: |
| Type: | Parent Agency | Administrator | DARREN H BROWN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 04/28/2003 | <u>Owner Information</u> |
| License # | 008439 | | PROGRESSIVE PRIMARY CARE INC | | | PROGRESSIVE PRIMARY CARE INC |
| Lic Expire | 04/30/2018 | | 9258 CULEBRA STE 135 | | | 6132 BANDERA RD SUITE 102 |
| Medicare 1: | | | SAN ANTONIO, TX 78251 | | | SAN ANTONIO, TX 78238 |
| Medicare 2: | | | | | | |
| Phone | (210) 673-0024 | Fax | (210) 680-9483 | | | Services: |
| Type: | Parent Agency | Administrator | JEANNIE LESTER | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/13/2010 | <u>Owner Information</u> |
| License # | 013858 | | PT HOME SERVICES OF SAN ANTONIO INC | | | PT HOME SERVICES OF SAN ANTONIO INC |
| Lic Expire | 12/31/2018 | | 40 NE LOOP 410 SUITE #640 | | | 40 NE LOOP 410 SUITE 640 |
| Medicare 1: | 678016 | | SAN ANTONIO, TX 78216 | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 342-2667 | Fax | (210) 340-2016 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES GRISMORE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/02/2008 | <u>Owner Information</u> |
| License # | 011992 | | PURE LIFE HOME HEALTH CARE CORP | | | PURE LIFE HOME HEALTH CARE CORP |
| Lic Expire | 05/31/2019 | | 3918 NACO PERRIN BLVD. SUITE 107 | | | 3918 NACO PERRIN BLVD., STE#107 |
| Medicare 1: | 747336 | | SAN ANTONIO, TX 78217 | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | |
| Phone | (210) 843-7265 | Fax | (210) 626-8087 | | | Services: |
| Type: | Parent Agency | Administrator | JONATHAN LEKWUWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 06/02/2003 | Owner Information |
| License # | 008669 | | | | | LEERS QUALITY HOME HEALTH CARE SVCS INC |
| Lic Expire | 06/30/2018 | | | | | 1954 EAST HOUSTON STREET SUITE 204 |
| Medicare 1: | 459484 | | | | | SAN ANTONIO, TX 78202 |
| Medicare 2: | | | | | | |
| Phone | (210) 229-9908 | Fax | (210) 229-9927 | | | Services: |
| Type: | Parent Agency | Administrator | EDWARD L DAVIS SR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/07/2017 | Owner Information |
| License # | 018233 | | | | | R & R HOME CAREGIVERS LLC |
| Lic Expire | 08/31/2019 | | | | | 18434 ROGERS BEND |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | |
| Phone | (210) 236-8955 | Fax | (210) 236-8955 | | | Services: |
| Type: | Parent Agency | Administrator | ROSANNA ROCHA | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/07/2016 | Owner Information |
| License # | 017501 | | | | | RADIANT HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 7310 BLANCO RD STE 210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 549-2039 | Fax | (210) 549-2039 | | | Services: |
| Type: | Parent Agency | Administrator | ALEXIS L MILLER | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/07/2012 | Owner Information |
| License # | 014682 | | | | | RAINBOW PEDIATRIC HOME HEALTH PLLC |
| Lic Expire | 03/31/2018 | | | | | 4211 GARDENDALE A-200 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 614-4434 | Fax | (210) 614-4407 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA SASSER | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/29/2014 | Owner Information |
| License # | 016403 | | | | | RESILIENT HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | 9650 DATAPOINT DR. SUITE 115 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 875-0229 | Fax | (210) 593-0434 | | | Services: |
| Type: | Parent Agency | Administrator | DADIRI Y. JAMA | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/14/2009 | Owner Information |
| License # | 007241 | | | | | RESOURCE HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 7211 REGENCY SQUARE BLVD SUITE 102 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (210) 525-0820 | Fax | (210) 525-0830 | | | Services: |
| Type: | Branch Agency | Administrator | ROSE NWABUISI | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/21/2005 | Owner Information |
| License # | 009828 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 02/28/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | 679006 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 624-2224 | Fax | (866) 630-6351 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY ELLEN MOYER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/21/2005 | Owner Information |
| License # | 009828 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 02/28/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | 67Q9006001 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 737-8090 | Fax | (866) 653-2907 | | | Services: |
| Type: | Branch Agency | Administrator | KIMBERLY ELLEN MOYER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 09/15/2006 | <u>Owner Information</u> |
| License # | 010743 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 09/30/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 733-0524 | Fax | (866) 760-4570 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KIMBERLY ELLEN MOYER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/30/2008 | <u>Owner Information</u> |
| License # | 010743 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 09/30/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 625-1402 | Fax | (866) 630-6351 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KIMBERLY ELLEN MOYER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/08/2017 | <u>Owner Information</u> |
| License # | 018533 | | | | | BLACK DOG HOME CARE, LLC |
| Lic Expire | 12/31/2019 | | | | | 8700 CROWNHILL BLVD SUITE 706 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 308-9346 | Fax | (210) 308-9352 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SLOANE WENDELL | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/14/2012 | <u>Owner Information</u> |
| License # | 015062 | | | | | G & A MANAGEMENT INC |
| Lic Expire | 06/30/2018 | | | | | 10221 DESSERT SANDS #107 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 342-2273 | Fax | (210) 342-2278 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARTHUR PIKE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/18/2010 | <u>Owner Information</u> |
| License # | 013328 | | | | | REAL LIFE HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | P O BOX 20595 |
| Medicare 1: | 671655 | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 858-9138 | Fax | (210) 568-4171 | | | Hospice |
| Type: | Parent Agency | Administrator | MARIO SALAS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/02/2010 | <u>Owner Information</u> |
| License # | 013328 | | | | | REAL LIFE HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | P O BOX 20595 |
| Medicare 1: | | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 858-9138 | Fax | (210) 568-4171 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MARIO SALAS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/18/2011 | <u>Owner Information</u> |
| License # | 014112 | | | | | RIVER CITY HOSPICE OF TEXAS, LLC |
| Lic Expire | 05/31/2019 | | | | | P. O. BOX 20595 |
| Medicare 1: | 671716 | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 858-9138 | Fax | (210) 568-4171 | | | Hospice |
| Type: | Parent Agency | Administrator | MARIO SALAS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/07/2016 | <u>Owner Information</u> |
| License # | 017453 | | | | | SOLICITUDE SOLUTIONS INC |
| Lic Expire | 04/30/2018 | | | | | 4414 CENTERVIEW DRIVE SUITE 210 |
| Medicare 1: | 453135 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 798-2199 | Fax | (210) 270-8215 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KAREN M. PITCHER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 02/07/2018 | <u>Owner Information</u> |
| License # | 018600 | | | | | SA FAMILY HELP & HOPE LLC |
| Lic Expire | 02/29/2020 | | | | | 25023 SUMMITT CREEK |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | |
| Phone | (210) 455-0594 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA SULLIVAN | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/20/2017 | <u>Owner Information</u> |
| License # | 017961 | | | | | SAGE HOME HEALTH CARE INC. |
| Lic Expire | 03/31/2019 | | | | | 4141 SANDSTONE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 980-3789 | Fax | (210) 672-4014 | | | Services: |
| Type: | Parent Agency | Administrator | TOMAS BERRY | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/27/2012 | <u>Owner Information</u> |
| License # | 010616 | | | | | SAINT BENEDICTS HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 424 E MAIN |
| Medicare 1: | | | | | | ROBSTOWN, TX 78380 |
| Medicare 2: | | | | | | |
| Phone | (210) 923-2285 | Fax | (210) 923-2286 | | | Services: |
| Type: | Branch Agency | Administrator | BRENDA RAMON | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/28/2005 | <u>Owner Information</u> |
| License # | 009340 | | | | | SALDIVAR HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 3531 |
| Medicare 1: | 45Q7865001 | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (210) 558-6260 | Fax | (210) 558-6327 | | | Services: |
| Type: | Branch Agency | Administrator | SONIA BLEEKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/05/2003 | <u>Owner Information</u> |
| License # | 007114 | | | | | SALDIVAR COASTAL SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 3504 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (210) 384-0909 | Fax | (210) 384-0910 | | | Services: |
| Type: | Branch Agency | Administrator | MARGOT P SALDIVAR | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/15/2009 | <u>Owner Information</u> |
| License # | 012658 | | | | | SIXRSIG LLC |
| Lic Expire | 06/30/2019 | | | | | 85 NE LOOP 410 STE 607 |
| Medicare 1: | 747408 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 787-3343 | Fax | (210) 579-1023 | | | Services: |
| Type: | Parent Agency | Administrator | JARED COLLETTE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/06/2005 | <u>Owner Information</u> |
| License # | 009956 | | | | | TEXAS HEALTHCARE SOLUTIONS INC |
| Lic Expire | 06/30/2019 | | | | | 11550 IH 35 10 WEST STE#170 |
| Medicare 1: | 679298 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 877-5222 | Fax | (210) 877-5228 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON BOWEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/30/2015 | <u>Owner Information</u> |
| License # | 017197 | | | | | SAN ANTONIO INSPIRE HOSPICE LLC |
| Lic Expire | 12/31/2019 | | | | | 7271 WURZBACH RD., SUITE#187 |
| Medicare 1: | 741637 | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 587-7863 | Fax | (210) 634-2163 | | | Services: |
| Type: | Parent Agency | Administrator | BRANDY T GOMEZ | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-----------------------|--|--------------------------|---|
| County BEXAR | Region 08 | Date Licensed 12/13/2010 | <u>Owner Information</u> |
| License # 013854 | SAN ANTONIO PERSONAL TOUCH HOME AIDES | | HOUSTON PERSONAL TOUCH HOME AIDES INC |
| Lic Expire 12/31/2018 | 40 NE LOOP 410 SUITE #305 | | 40 N E LOOP 410 #305 |
| Medicare 1: | SAN ANTONIO, TX 78216 | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | Services: |
| Phone (210) 341-5705 | Fax (210) 342-9057 | | Personal Assistance Services |
| Type: Parent Agency | Administrator MARILYN MIRANDA | | |
| County BEXAR | Region 08 | Date Licensed 06/26/2012 | <u>Owner Information</u> |
| License # 014893 | SAN ANTONIO REFUGEE YOUTH SPORTS AMERICA | | SAN ANTONIO REFUGEE YOUTH SPORTS AMERICA |
| Lic Expire 06/30/2018 | 9650 DATAPOINT DR SUITE #106 | | 9650 DATAPOINT DR., STE#106 |
| Medicare 1: | SAN ANTONIO, TX 78229 | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | Services: |
| Phone (210) 875-0229 | Fax (210) 593-0434 | | Personal Assistance Services |
| Type: Parent Agency | Administrator DADIRI Y JAMA | | |
| County BEXAR | Region 08 | Date Licensed 06/27/2014 | <u>Owner Information</u> |
| License # 016288 | SAN ANTONIO VISITING ANGELS | | YEUNG COL LLC |
| Lic Expire 06/30/2018 | 6391 DE ZAVALA ROAD STE 104 | | 6391 DC ZAVALA ROAD SUITE#112A |
| Medicare 1: | SAN ANTONIO, TX 78249 | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | Services: |
| Phone (210) 762-6460 | Fax (210) 762-6462 | | Personal Assistance Services |
| Type: Parent Agency | Administrator MARK COLWELL | | |
| County BEXAR | Region 08 | Date Licensed 09/07/2010 | <u>Owner Information</u> |
| License # 013783 | SAN ANTONIO'S GRACE HOSPICE, LLC | | GRACE HOSPICE OF SAN ANTONIO, LLC |
| Lic Expire 09/30/2018 | 4800 FREDERICKSBURG RD SUITE 125 | | P. O BOX 99278 |
| Medicare 1: | SAN ANTONIO, TX 78229 | | TROY, MI 48099 |
| Medicare 2: | | | Services: |
| Phone (210) 525-1400 | Fax (210) 525-1401 | | Hospice |
| Type: Parent Agency | Administrator AURORA MENDIOLA | | |
| County BEXAR | Region 08 | Date Licensed 01/30/2001 | <u>Owner Information</u> |
| License # 007530 | SAN JUAN PRIMARY HOME CARE AGENCY | | AUGUSTIN ESTRADA III |
| Lic Expire 01/31/2019 | 545 MOURSUND BLVD | | 545 MOURSUND BLVD |
| Medicare 1: | SAN ANTONIO, TX 78221 | | SAN ANTONIO, TX 78221 |
| Medicare 2: | | | Services: |
| Phone (210) 927-7712 | Fax (210) 927-7713 | | Personal Assistance Services |
| Type: Parent Agency | Administrator AUGUSTIN ESTRADA III | | |
| County BEXAR | Region 08 | Date Licensed 10/31/2013 | <u>Owner Information</u> |
| License # 015847 | SAN RAFAEL HEALTHCARE, INC. | | SAN RAFAEL HEALTHCARE INC |
| Lic Expire 10/31/2019 | 17890 BLANCO RD STE 205 | | 17890 BLANCO ROAD, STE#205 |
| Medicare 1: | SAN ANTONIO, TX 78232 | | SAN ANTONIO, TX 78232 |
| Medicare 2: | | | Services: |
| Phone (210) 255-1466 | Fax (210) 255-1488 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator JOHN FARIAS | | |
| County BEXAR | Region 08 | Date Licensed 01/01/2011 | <u>Owner Information</u> |
| License # 013877 | SANTANA PRIMARY HOME CARE INC | | SANTANA PRIMARY HOME CARE, INC |
| Lic Expire 12/31/2018 | 5419 BANDERA RD STE 703 | | 5419 BANDERA ROAD STE 703 |
| Medicare 1: | SAN ANTONIO, TX 78238 | | SAN ANTONIO, TX 78238 |
| Medicare 2: | | | Services: |
| Phone (210) 438-9357 | Fax (210) 438-8102 | | Personal Assistance Services |
| Type: Parent Agency | Administrator REBECCA SANTANA | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 11/18/2011 | <u>Owner Information</u> |
| License # | 014478 | | | | | SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - SAN ANTONIO LLC |
| Lic Expire | 11/30/2019 | | | | | 300 E SONTERRA BLVD., STE#1260 |
| Medicare 1: | 671721 | | | | | SAN ANTONIO, TX 78258 |
| Medicare 2: | | | | | | |
| Phone | (210) 471-2300 | Fax | (210) 471-2301 | | | Services: |
| Type: | Parent Agency | Administrator | EDDIE DAVILA | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 05/18/2011 | <u>Owner Information</u> |
| License # | 014111 | | | | | SENIOR BUDDIES LLC |
| Lic Expire | 05/31/2019 | | | | | 24137 BOERNE STAGE ROAD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78255 |
| Medicare 2: | | | | | | |
| Phone | (210) 698-7772 | Fax | (210) 735-8271 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH ARMSTRONG | | | Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/22/2016 | <u>Owner Information</u> |
| License # | 012877 | | | | | HILL COUNTRY CAREGIVERS INC |
| Lic Expire | 09/30/2019 | | | | | 1201 SAM BASS ROAD |
| Medicare 1: | | | | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | |
| Phone | (210) 660-3634 | Fax | (512) 597-3109 | | | Services: |
| Type: | Branch Agency | Administrator | MOIRE K HAYES | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/23/2016 | <u>Owner Information</u> |
| License # | 017648 | | | | | 78 ENTERPRIZE LLC |
| Lic Expire | 09/30/2018 | | | | | 12937 PARK FOREST |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 810-3535 | Fax | (210) 810-3545 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA T HOOPER | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 07/06/2012 | <u>Owner Information</u> |
| License # | 015064 | | | | | HUMANA AT HOME SAN ANTONIO INC |
| Lic Expire | 07/31/2018 | | | | | 4040 BROADWAY SUITE 522 |
| Medicare 1: | 747965 | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-9494 | Fax | (210) 804-0509 | | | Services: |
| Type: | Parent Agency | Administrator | JEANNE BARTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/26/2012 | <u>Owner Information</u> |
| License # | 015226 | | | | | DAVIS PARADIGM SHIFT LLC |
| Lic Expire | 11/30/2018 | | | | | 170 BABCOCK ROAD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (210) 416-2273 | Fax | (210) 468-0178 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA WILBORN | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 02/28/2013 | <u>Owner Information</u> |
| License # | 015404 | | | | | SERAPH HEALTHCARE SYSTEMS INC |
| Lic Expire | 02/28/2019 | | | | | 9511 OLD QUARRY |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78250 |
| Medicare 2: | | | | | | |
| Phone | (210) 334-1377 | Fax | (210) 384-4746 | | | Services: |
| Type: | Parent Agency | Administrator | GABERLIA UGWU | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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| County BEXAR | Region 08 | Date Licensed 05/26/2010 | Owner Information SIGNAL HOME HEALTH CARE LLC 4538 CENTERVIEW DR SUITE 222 SAN ANTONIO, TX 78228 |
| License # 013354 | SIGNAL HOME HEALTH CARE LLC | | |
| Lic Expire 05/31/2018 | 4538 CENTERVIEW DR SUITE 170 | | |
| Medicare 1: 747579 | SAN ANTONIO, TX 78228 | | |
| Medicare 2: | | | Services: |
| Phone (210) 732-7600 | Fax (210) 468-0537 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator GLORIA URRABAZO | | |
| County BEXAR | Region 08 | Date Licensed 09/29/2015 | Owner Information SIGNAL HOSPICE CARE LLC 4538 CENTERVIEW DR SUITE 170 SAN ANTONIO, TX 78228 |
| License # 017057 | SIGNAL HOSPICE CARE LLC | | |
| Lic Expire 09/30/2019 | 4538 CENTERVIEW DR SUITE 170 | | |
| Medicare 1: 741622 | SAN ANTONIO, TX 78228 | | |
| Medicare 2: | | | Services: |
| Phone (210) 732-7600 | Fax (210) 855-8391 | | Hospice |
| Type: Parent Agency | Administrator MARY CARROLL | | |
| County BEXAR | Region 08 | Date Licensed 10/08/2014 | Owner Information SIMPLY THE BEST HOME THERAPY LLC 13423 BLANCO ROAD STE#331 SAN ANTONIO, TX 78216 |
| License # 016470 | SIMPLY THE BEST HOME THERAPY, LLC. | | |
| Lic Expire 10/31/2018 | 13333 BLANCO RD. STE. 310 | | |
| Medicare 1: | SAN ANTONIO, TX 78216 | | |
| Medicare 2: | | | Services: |
| Phone (210) 479-5875 | Fax (210) 479-2911 | | Licensed Home Health Services |
| Type: Parent Agency | Administrator CAMERON BARNES | | |
| County BEXAR | Region 08 | Date Licensed 01/01/2008 | Owner Information INCARNATE WORD RETIREMENT COMMUNITY INC 4707 BROADWAY SAN ANTONIO, TX 78209 |
| License # 011872 | SISTERS CARE AT THE VILLAGE | | |
| Lic Expire 12/31/2018 | 4707 BROADWAY | | |
| Medicare 1: | SAN ANTONIO, TX 78209 | | |
| Medicare 2: | | | Services: |
| Phone (210) 733-9800 | Fax (210) 733-8223 | | Personal Assistance Services |
| Type: Parent Agency | Administrator AURORA MARTINEZ | | |
| County BEXAR | Region 08 | Date Licensed 04/14/2016 | Owner Information SOFT TOUCH HOME CARE INC 1222 CALLAGHAN ROAD SUITE 100 SAN ANTONIO, TX 78228 |
| License # 017713 | SOFT TOUCH HOME CARE INC | | |
| Lic Expire 04/30/2018 | 1222 CALLAGHAN ROAD SUITE #100 | | |
| Medicare 1: | SAN ANTONIO, TX 78228 | | |
| Medicare 2: | | | Services: |
| Phone (210) 433-7707 | Fax (210) 433-0109 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator ALMA R RODRIGUEZ | | |
| County BEXAR | Region 08 | Date Licensed 04/14/2016 | Owner Information SOFT TOUCH HOME CARE INC 1222 CALLAGHAN ROAD SUITE 200 SAN ANTONIO, TX 78228 |
| License # 017712 | SOFT TOUCH HOME CARE INC | | |
| Lic Expire 04/30/2018 | 1222 CALLAGHAN ROAD SUITE #200 | | |
| Medicare 1: 678109 | SAN ANTONIO, TX 78228 | | |
| Medicare 2: | | | Services: |
| Phone (210) 433-0555 | Fax (210) 433-0109 | | Licensed and Certified Home Health Services |
| Type: Parent Agency | Administrator ALMA R RODRIGUEZ | | |
| County BEXAR | Region 08 | Date Licensed 06/06/2016 | Owner Information SOL HOME CARE LLC 13820 BLAKEVILLE SAN ANTONIO, TX 78233 |
| License # 017440 | SOL HOME CARE LLC | | |
| Lic Expire 06/30/2018 | 13820 BLAKEVILLE | | |
| Medicare 1: | SAN ANTONIO, TX 78233 | | |
| Medicare 2: | | | Services: |
| Phone (210) 753-7337 | Fax (210) 714-5458 | | Personal Assistance Services |
| Type: Parent Agency | Administrator MARISOL HINTON | | |
| County BEXAR | Region 08 | Date Licensed 10/18/2000 | Owner Information KIDS HOME CARE OF TEXAS INC 1225 NORTH LOOP WEST SUITE 500 HOUSTON, TX 77008 |
| License # 007459 | SPECIAL KIDS CARE | | |
| Lic Expire 10/31/2019 | 11124 WURZBACH RD SUITE 100 | | |
| Medicare 1: 679026 | SAN ANTONIO, TX 78230 | | |
| Medicare 2: | | | Services: |
| Phone (210) 615-5242 | Fax (210) 615-5280 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator ANGELA PENA | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 08/31/2009 | <u>Owner Information</u> |
| License # | 012830 | | | | | ST MARK HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 5545 FREDRICKSBURG ROAD STE#205 |
| Medicare 1: | 747460 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 366-2352 | Fax | (210) 366-2350 | | | Services: |
| Type: | Parent Agency | Administrator | YVONNE V GONZALEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/14/2014 | <u>Owner Information</u> |
| License # | 016375 | | | | | SGHPC-SA LLC |
| Lic Expire | 08/31/2018 | | | | | 1100 NE LOOP 410 SUITE 615 |
| Medicare 1: | 741596 | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | |
| Phone | (210) 822-2992 | Fax | (210) 568-4859 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON L MORA | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 11/20/2013 | <u>Owner Information</u> |
| License # | 015881 | | | | | SANTA MARIA MEDICAL GROUP INC |
| Lic Expire | 11/30/2019 | | | | | P. O. BOX 23067 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78223 |
| Medicare 2: | | | | | | |
| Phone | (210) 257-8458 | Fax | (210) 257-8533 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM CANELA | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 05/27/2016 | <u>Owner Information</u> |
| License # | 017425 | | | | | ST. MICHAEL PROVIDER LLC |
| Lic Expire | 05/31/2018 | | | | | 104 PARDO CIRCLE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (210) 960-2244 | Fax | (210) 960-2240 | | | Services: |
| Type: | Parent Agency | Administrator | ESTHER J SANMIGUEL | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/19/2009 | <u>Owner Information</u> |
| License # | 013012 | | | | | STEP BY STEP HOME CARE AND THERAPY PLLC |
| Lic Expire | 11/30/2019 | | | | | 4211 GARDENDALE, STE# A200 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 615-7837 | Fax | (210) 615-7848 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA SASSER | | | Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 03/01/2008 | <u>Owner Information</u> |
| License # | 012046 | | | | | SUMMIT HOMECARE SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 7475 CALLAGAN RD SUITE 203 |
| Medicare 1: | 457912 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 615-3877 | Fax | (210) 615-3876 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH MURPHY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2010 | <u>Owner Information</u> |
| License # | 013689 | | | | | SUPERIOR HOME HEALTH OF SAN ANTONIO LLC |
| Lic Expire | 08/31/2018 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 679504 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 662-0004 | Fax | (210) 662-0619 | | | Services: |
| Type: | Parent Agency | Administrator | BELINDA JUAREZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BEXAR | Region | 08 | Date Licensed | 11/08/2011 | <u>Owner Information</u> |
| License # | 014459 | | | | | SUPERIOR HOSPICE, LLC |
| Lic Expire | 11/30/2017 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 671739 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (210) 877-5777 | Fax | (210) 877-5722 | | | Services: |
| Type: | Parent Agency | Administrator | BELINDA JUAREZ | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 08/22/2013 | Owner Information |
| License # | 015725 | | | | | INDEPENDENT LIVING SOLUTIONS INC |
| Lic Expire | 08/31/2019 | | | | | 24719 CREEK LOOP |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78266 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 267-1252 | Fax | (210) 625-5598 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BETTINA T. MCGRIGGLER | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/20/2016 | Owner Information |
| License # | 017467 | | | | | TEJAS FIRST HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | 5460 BABCOCK RD STE 120 |
| Medicare 1: | 741675 | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 322-0488 | Fax | (210) 579-7332 | | | Hospice |
| Type: | Parent Agency | Administrator | BRANDY T. GOMEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/11/2013 | Owner Information |
| License # | 015909 | | | | | TENDER TOUCH HOSPICE LLC |
| Lic Expire | 12/31/2019 | | | | | 4203 GARDENDALE ST SUITE# C112 |
| Medicare 1: | 741559 | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 585-6352 | Fax | (210) 994-9118 | | | Hospice |
| Type: | Parent Agency | Administrator | SYLVIA L MUNIZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/01/2016 | Owner Information |
| License # | 017808 | | | | | TEXAS HEALTH QUEST LLC |
| Lic Expire | 04/30/2018 | | | | | 5726 W HAUSMAN ROAD STE 100 |
| Medicare 1: | 679417 | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 349-0096 | Fax | (210) 349-0097 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIE MARTINEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 10/10/2005 | Owner Information |
| License # | 008583 | | | | | TEXAS HEALTH STAFFING SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 1115 CHIHUAHUA SUITE A |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 433-3133 | Fax | (210) 433-3177 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | EDNA VERNETTE RAETZSCH CARRANZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/10/2016 | Owner Information |
| License # | 017592 | | | | | TEXAS HEARTFELT PERSONAL CARE, LLC |
| Lic Expire | 05/31/2018 | | | | | 4203 GARDENDALE C202 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 616-9790 | Fax | (210) 616-9791 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DELORES W PATTERSON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/09/2001 | Owner Information |
| License # | 007592 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 349-7240 | Fax | (210) 680-5554 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSIE SIERRA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 02/15/2005 | Owner Information |
| License # | 007949 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9174001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 349-7355 | Fax | (210) 349-7385 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | RENE THURMAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 05/09/2002 | Owner Information |
| License # | 007949 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679174 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 349-7355 | Fax | (210) 349-7385 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RENE THURMAN | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/23/2016 | Owner Information |
| License # | 017757 | | | | | UNITED REHAB UNLIMITED INC |
| Lic Expire | 11/30/2018 | | | | | 1809 E. SONTERRA BLVD., #5309' |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78259 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 236-0911 | Fax | (210) 899-0912 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | OLADIPUPO MUSTAPHA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/23/2014 | Owner Information |
| License # | 016333 | | | | | TEXCARE HEALTHCARE SYSTEM, LLC |
| Lic Expire | 07/31/2018 | | | | | 1915 LA MANDA |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 541-8111 | Fax | (210) 541-8110 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWRENCE OSEGHAE | | | |
| County | BEXAR | Region | 08 | Date Licensed | 08/10/2005 | Owner Information |
| License # | 009902 | | | | | THANK YOU NURSES LTD |
| Lic Expire | 08/31/2019 | | | | | 5835 CALLAGHAN RD SUITE #102 AND #210 |
| Medicare 1: | 677911 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 767-9044 | Fax | (210) 767-9046 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER D FLORES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/03/2010 | Owner Information |
| License # | 013145 | | | | | CRNNURMSC LLC |
| Lic Expire | 03/31/2018 | | | | | 1603 BABCOCK ROAD SUITE 270 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 382-0281 | Fax | (512) 382-0328 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANDRA TREVINHO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/22/2017 | Owner Information |
| License # | 018123 | | | | | THE MEDICAL TEAM INC |
| Lic Expire | 06/30/2019 | | | | | 45 N E LOOP 410 SUITE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 227-9000 | Fax | (210) 224-2020 | | | Hospice |
| Type: | Parent Agency | Administrator | SHELIA MICKAELS-GARZA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/26/1983 | Owner Information |
| License # | 001327 | | | | | THE MEDICAL TEAM INC |
| Lic Expire | 07/31/2018 | | | | | 45 N E LOOP 410 SUITE 800 |
| Medicare 1: | 457491 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 227-9000 | Fax | (210) 224-2020 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHELIA MICKAELS-GARZA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/27/2013 | Owner Information |
| License # | 015930 | | | | | CANTEX HOME HEALTH FORT WORTH LLC |
| Lic Expire | 09/30/2019 | | | | | 2537 COLDEN BEAR DRIVE |
| Medicare 1: | 677248 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 616-3299 | Fax | (210) 616-3298 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NIKKI HERNANDEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 09/27/2013 | Owner Information |
| License # | 015930 | | | | | CANTEX HOME HEALTH FORT WORTH LLC |
| Lic Expire | 09/30/2019 | | | | | 2537 COLDEN BEAR DRIVE |
| Medicare 1: | 67Q7248001 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 616-3299 | Fax | (210) 616-3298 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | NIKKI HERNANDEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/01/2016 | Owner Information |
| License # | 017715 | | | | | THERAPRO HOME HEALTH LLC |
| Lic Expire | 10/31/2018 | | | | | 5707 GREY ROCK DRIVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 455-9989 | Fax | (210) 455-9987 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHARA RENEE DE LOS SANTOS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 07/16/2010 | Owner Information |
| License # | 007367 | | | | | THERAPY 2000 INC |
| Lic Expire | 07/31/2018 | | | | | 2535 LONE STAR DR |
| Medicare 1: | | | | | | DALLAS, TX 75212 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 467-9787 | Fax | (214) 741-3655 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JERRE T VAN DEN BENT | | | |
| County | BEXAR | Region | 08 | Date Licensed | 11/01/2016 | Owner Information |
| License # | 017864 | | | | | FIRST CHOICE CHILDRENS HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 500 EGewater DRIVE SUITE 578 |
| Medicare 1: | | | | | | WAKEFIELD, MA 01880 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 804-0193 | Fax | (210) 804-0194 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JOSEPH VALDEZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 06/02/2003 | Owner Information |
| License # | 008484 | | | | | TITAN HEALTH SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 10010 ROGERS CROSSING STE 210 |
| Medicare 1: | 679343 | | | | | SAN ANTONIO, TX 78251 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 736-6100 | Fax | (210) 736-6101 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUBEN S. GARCIA | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/01/2014 | Owner Information |
| License # | 016159 | | | | | PETRA HEALTH INC |
| Lic Expire | 02/28/2018 | | | | | 10010 SAN PEDRO AVE., SUITE#120 |
| Medicare 1: | 457928 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 495-5493 | Fax | (210) 491-4331 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CRISTELA ALONZO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/01/2004 | Owner Information |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 653-8475 | Fax | (210) 653-8012 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JANET BOWLES | | | |
| County | BEXAR | Region | 08 | Date Licensed | 04/17/2015 | Owner Information |
| License # | 016749 | | | | | CELIA CARE INC |
| Lic Expire | 04/30/2017 | | | | | 3019 SINGLE PEAK |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78261 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 465-7012 | Fax | (210) 465-7013 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWRENCE S RODRIGUEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 10/09/2014 | <u>Owner Information</u> |
| License # | 016473 | | | | | TRANSITIONS HOSPICE LLC |
| Lic Expire | 10/31/2018 | | | | | 1844 LOCKHILL SELMA RD SUITE 101 |
| Medicare 1: | 741585 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (210) 679-1485 | Fax | (888) 696-3440 | | | Services: |
| Type: | Parent Agency | Administrator | LISA ACOSTA | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 02/12/2015 | <u>Owner Information</u> |
| License # | 016723 | | | | | MOST CHOICE HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | 1603 BABCOCK SUITE 115 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | |
| Phone | (210) 457-4444 | Fax | (210) 457-4446 | | | Services: |
| Type: | Parent Agency | Administrator | HAZEM MOHAMED | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 06/19/1996 | <u>Owner Information</u> |
| License # | 004624 | | | | | TRICARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 5124 KENWICK STREET |
| Medicare 1: | 678422 | | | | | SAN ANTONIO, TX 78238 |
| Medicare 2: | | | | | | |
| Phone | (210) 342-7777 | Fax | (210) 342-5030 | | | Services: |
| Type: | Parent Agency | Administrator | OKEY OKOYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 12/13/2017 | <u>Owner Information</u> |
| License # | 018502 | | | | | TRIED AND TRUE HOME CARE SERVICES, LLC |
| Lic Expire | 12/31/2019 | | | | | 12451 STARCREST DR. SUITE 203 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 305-4961 | Fax | (210) 650-9271 | | | Services: |
| Type: | Parent Agency | Administrator | TANISHA FULLER-FELIX | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 09/23/2016 | <u>Owner Information</u> |
| License # | 017865 | | | | | ECHO HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 540 E APPLYBY ROAD STE 104 |
| Medicare 1: | 741591 | | | | | FAYETTEVILLE, AR 72703 |
| Medicare 2: | | | | | | |
| Phone | (210) 960-2223 | Fax | (888) 820-3402 | | | Services: |
| Type: | Parent Agency | Administrator | RAY GOMEZ | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 09/04/2013 | <u>Owner Information</u> |
| License # | 015746 | | | | | THSTX LLC |
| Lic Expire | 09/30/2019 | | | | | 9706 PLYMOUTH ROAD SUITE#400 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (210) 249-5300 | Fax | (210) 340-4654 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT GARDNER | | | Personal Assistance Services |
| County | BEXAR | Region | 08 | Date Licensed | 08/29/2012 | <u>Owner Information</u> |
| License # | 015033 | | | | | USRC SAN ANTONIO HOME THERAPIES, LLC |
| Lic Expire | 08/31/2018 | | | | | 5851 LEGAY CIRCLE STE 900 |
| Medicare 1: | | | | | | PLANO, TX 75204 |
| Medicare 2: | | | | | | |
| Phone | (210) 444-1958 | Fax | (210) 444-1483 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL DUQUE | | | Licensed Home Health Services with Dialysis |
| County | BEXAR | Region | 08 | Date Licensed | 12/30/2006 | <u>Owner Information</u> |
| License # | 011026 | | | | | TWELVE LAC INC |
| Lic Expire | 12/31/2018 | | | | | 123 WALEETKA ST |
| Medicare 1: | 747015 | | | | | SAN ANTONIO, TX 78210 |
| Medicare 2: | | | | | | |
| Phone | (210) 924-6077 | Fax | (210) 924-6106 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA RODRIGUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 11/06/2007 | Owner Information |
| License # | 011818 | | | | | UNIVERSAL NURSING SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 8209 ROUGHRIDER STE 230 |
| Medicare 1: | 677931 | | | | | WINDCREST, TX 78239 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 568-8387 | Fax | (210) 568-8390 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HALBERT BROWN JR | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/28/2016 | Owner Information |
| License # | 002358 | | | | | E & O HOME HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 691 |
| Medicare 1: | | | | | | KINGSVILLE, TX 78363 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 592-6358 | Fax | (210) 592-6317 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | PATRICIA URESTI PEREZ | | | |
| County | BEXAR | Region | 08 | Date Licensed | 09/27/2017 | Owner Information |
| License # | 018342 | | | | | VANESSA WILLIS |
| Lic Expire | 09/30/2019 | | | | | 318 LUXEMBURG |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78237 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 954-9212 | Fax | (210) 233-9380 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANESSA WILLIS | | | |
| County | BEXAR | Region | 08 | Date Licensed | 10/17/2002 | Owner Information |
| License # | 008155 | | | | | LAM SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 358 W. SUNSET |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78209 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 826-9200 | Fax | (210) 826-9206 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE FERGUSON | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/29/2003 | Owner Information |
| License # | 007195 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2019 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | 451591 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 575-0600 | Fax | (210) 575-0610 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | STEVE SEPKO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 12/01/1998 | Owner Information |
| License # | 007195 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2019 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | 451591 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 348-4040 | Fax | (210) 348-4383 | | | Hospice |
| Type: | Parent Agency | Administrator | STEVE SEPKO | | | |
| County | BEXAR | Region | 08 | Date Licensed | 03/31/1997 | Owner Information |
| License # | 005412 | | | | | WECARE HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 10306 CRYSTAL FIELD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78250 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 682-1424 | Fax | (210) 684-5591 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JONAH OGWO GWO OBASI | | | |
| County | BEXAR | Region | 08 | Date Licensed | 05/01/2012 | Owner Information |
| License # | 014933 | | | | | X-CEL PEDIATRIC HOME HEALTH, LLC |
| Lic Expire | 04/30/2018 | | | | | 4207 GARDENDALE STE 105 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 949-0615 | Fax | (210) 949-0946 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RONALD LOCKE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|--|
| County | BEXAR | Region | 08 | Date Licensed | 07/15/2016 | <u>Owner Information</u> |
| License # | 017528 | | | | | ZOE HOSPICE LLC |
| Lic Expire | 07/31/2018 | | | | | 7271 WURZBACH RD STE. 187 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78240 |
| Medicare 2: | | | | | | |
| Phone | (210) 718-0793 | Fax | (210) 587-7915 | | | Services: |
| Type: | Parent Agency | Administrator | MARIO BARRIOS | | | Hospice |
| County | BEXAR | Region | 08 | Date Licensed | 07/17/2017 | <u>Owner Information</u> |
| License # | 018174 | | | | | UNBRIDLED FAITH LLC |
| Lic Expire | 07/31/2019 | | | | | 17615 BENTON CITY RD |
| Medicare 1: | | | | | | VON ORMY, TX 78073 |
| Medicare 2: | | | | | | |
| Phone | (210) 385-7795 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | FAITH AGUILAR | | | Personal Assistance Services |
| County | BOSQUE | Region | 07 | Date Licensed | 12/01/2012 | <u>Owner Information</u> |
| License # | 015359 | | | | | GOODALL-WITCHER HOME HEALTH AGENCY |
| Lic Expire | 11/30/2018 | | | | | P. O. BOX 549 |
| Medicare 1: | 457688 | | | | | CLIFTON, TX 76634 |
| Medicare 2: | | | | | | |
| Phone | (254) 675-4101 | Fax | (254) 675-6260 | | | Services: |
| Type: | Parent Agency | Administrator | RUSTIN QUALLS | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | BOSQUE | Region | 07 | Date Licensed | 07/07/2006 | <u>Owner Information</u> |
| License # | 010595 | | | | | LUTHERAN SUNSET MINISTRIES |
| Lic Expire | 07/31/2018 | | | | | PO BOX 71 |
| Medicare 1: | 671557 | | | | | CLIFTON, TX 76634 |
| Medicare 2: | | | | | | |
| Phone | (254) 675-3391 | Fax | (254) 675-3493 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER SPEER | | | Personal Assistance Services, Hospice |
| County | BOWIE | Region | 04 | Date Licensed | 03/07/2017 | <u>Owner Information</u> |
| License # | 018042 | | | | | HOMETOWN HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 3025 LAMAR AVE |
| Medicare 1: | 45Q9063001 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 667-4588 | Fax | (903) 667-7488 | | | Services: |
| Type: | Branch Agency | Administrator | KENDRA YAROSS | | | Licensed and Certified Home Health Services |
| County | BOWIE | Region | 04 | Date Licensed | 06/21/2016 | <u>Owner Information</u> |
| License # | 017469 | | | | | HELPING HANDS SITTER SERVICE LLC |
| Lic Expire | 06/30/2018 | | | | | P. O. BOX 284 |
| Medicare 1: | | | | | | NEW BOSTON, TX 75570 |
| Medicare 2: | | | | | | |
| Phone | (903) 628-6981 | Fax | (903) 628-6981 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA BUSH | | | Personal Assistance Services |
| County | BOWIE | Region | 04 | Date Licensed | 07/07/2016 | <u>Owner Information</u> |
| License # | 017499 | | | | | INFINITY HOME HEALTH SERVICES, LLC |
| Lic Expire | 07/31/2018 | | | | | 38 COUNTY ROAD 4216 |
| Medicare 1: | | | | | | SIMMS, TX 75574 |
| Medicare 2: | | | | | | |
| Phone | (903) 556-5643 | Fax | (877) 471-1353 | | | Services: |
| Type: | Parent Agency | Administrator | PAULA WOODLEY | | | Licensed Home Health Services, Personal Assistance Services |
| County | BOWIE | Region | 04 | Date Licensed | 11/01/2017 | <u>Owner Information</u> |
| License # | 018555 | | | | | TEXAS HEALTH CARE GROUP OF TEXARKANA LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 679372 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (903) 255-5100 | Fax | (903) 255-5190 | | | Services: |
| Type: | Parent Agency | Administrator | HOLLY WINTERS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BOWIE | Region | 04 | Date Licensed | 09/24/2012 | <u>Owner Information</u> |
| License # | 015084 | | | | | CIMA HOSPICE OF TEXARKANA LLC |
| Lic Expire | 09/30/2018 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | 671759 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 794-2462 | Fax | (903) 269-1376 | | | Services: |
| Type: | Parent Agency | Administrator | LORRAINE CHERRY | | | Hospice |
| County | BOWIE | Region | 04 | Date Licensed | 03/29/2005 | <u>Owner Information</u> |
| License # | 009660 | | | | | MRC CORNERSTONE |
| Lic Expire | 03/31/2019 | | | | | 1440 LAKE FRONT CIRCLE #110 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (903) 832-3827 | Fax | (903) 334-9135 | | | Services: |
| Type: | Parent Agency | Administrator | TODD PARTIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | BOWIE | Region | 04 | Date Licensed | 07/01/2015 | <u>Owner Information</u> |
| License # | 017031 | | | | | AHM ACTION HOME HEALTH LP |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 679641 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (903) 793-0265 | Fax | (903) 832-0314 | | | Services: |
| Type: | Parent Agency | Administrator | JANET KELLY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BOWIE | Region | 04 | Date Licensed | 12/01/2006 | <u>Owner Information</u> |
| License # | 011277 | | | | | AHM ACTION HOME HEALTH LP |
| Lic Expire | 11/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q9079001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (903) 793-0264 | Fax | (903) 793-0269 | | | Services: |
| Type: | Branch Agency | Administrator | JANET KELLY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BOWIE | Region | 04 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017794 | | | | | ENCOMPASS HOME HEALTH OF EAST TEXAS LLC |
| Lic Expire | 08/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 451785 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (903) 255-0430 | Fax | (903) 255-0433 | | | Services: |
| Type: | Parent Agency | Administrator | LESIA REAL SMITH | | | Hospice |
| County | BOWIE | Region | 04 | Date Licensed | 11/04/2008 | <u>Owner Information</u> |
| License # | 012399 | | | | | S FISHER & S THOMAS INC |
| Lic Expire | 11/30/2018 | | | | | 1500 N GREENVILLE AVE, SUITE 300 |
| Medicare 1: | 45Q8041006 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (903) 737-9865 | Fax | (903) 255-0785 | | | Services: |
| Type: | Branch Agency | Administrator | AMANDA PRUETT | | | Licensed and Certified Home Health Services |
| County | BOWIE | Region | 04 | Date Licensed | 06/05/2007 | <u>Owner Information</u> |
| License # | 011470 | | | | | FAMILY CARE HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 4605 TEXAS BOULEVARD |
| Medicare 1: | 458337 | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | |
| Phone | (903) 793-4900 | Fax | (903) 792-8412 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN COFFEE | | | Licensed and Certified Home Health Services |
| County | BOWIE | Region | 04 | Date Licensed | 10/13/2017 | <u>Owner Information</u> |
| License # | 018375 | | | | | HERITAGE HOSPICE OF TEXARKANA LLC |
| Lic Expire | 10/31/2019 | | | | | 4605 TEXAS BLVD |
| Medicare 1: | 671646 | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | |
| Phone | (903) 792-0716 | Fax | (903) 792-0719 | | | Services: |
| Type: | Parent Agency | Administrator | JEFF ESTES | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | BOWIE | Region | 04 | Date Licensed | 03/29/1993 | <u>Owner Information</u> |
| License # | 002490 | | | | | HOSPICE OF TEXARKANA INC |
| Lic Expire | 03/31/2019 | | | | | 2407 GALLERIA OAKS |
| Medicare 1: | 451578 | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | |
| Phone | (903) 794-4263 | Fax | (430) 200-4677 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA L MARSH | | | Hospice |
| County | BOWIE | Region | 04 | Date Licensed | 11/01/2002 | <u>Owner Information</u> |
| License # | 008181 | | | | | JORDAN HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 14295 MIDWAY RD. STE. 400 |
| Medicare 1: | 457015 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 794-3102 | Fax | (903) 792-1875 | | | Services: |
| Type: | Parent Agency | Administrator | REBA GAIL BUTLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BOWIE | Region | 04 | Date Licensed | 12/01/2012 | <u>Owner Information</u> |
| License # | 015333 | | | | | LEGACY HOSPICE LLC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 131030 |
| Medicare 1: | 451740 | | | | | TYLER, TX 75713 |
| Medicare 2: | | | | | | |
| Phone | (430) 200-2830 | Fax | (430) 200-2829 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOE ALLEN | | | Hospice |
| County | BOWIE | Region | 04 | Date Licensed | 12/31/2013 | <u>Owner Information</u> |
| License # | 016092 | | | | | HOSPICE CARE OF TEXAS LLP |
| Lic Expire | 12/31/2017 | | | | | 500 FAULCONER DRIVE SUITE 200 |
| Medicare 1: | 671514 | | | | | CHARLOTTESVILLE, VA 22903 |
| Medicare 2: | | | | | | |
| Phone | (903) 793-6350 | Fax | (903) 793-6354 | | | Services: |
| Type: | Parent Agency | Administrator | TERI ANNETTE MUGNO | | | Hospice |
| County | BOWIE | Region | 04 | Date Licensed | 04/30/2014 | <u>Owner Information</u> |
| License # | 016263 | | | | | MAYS HOME HEALTH OF PARIS TX LLC |
| Lic Expire | 04/30/2018 | | | | | 3310 LAMAR AVENUE SUITE A |
| Medicare 1: | 45Q7586003 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 334-6980 | Fax | (903) 334-6991 | | | Services: |
| Type: | Branch Agency | Administrator | ERIK K DRENNEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BOWIE | Region | 04 | Date Licensed | 06/23/2009 | <u>Owner Information</u> |
| License # | 009080 | | | | | MERITCARE HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2017 | | | | | 10918 GIDDINGS CIRCLE |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (903) 793-0204 | Fax | (903) 793-0215 | | | Services: |
| Type: | Branch Agency | Administrator | WALTER EVANS EKWU | | | Licensed Home Health Services, Personal Assistance Services |
| County | BOWIE | Region | 04 | Date Licensed | 08/07/2017 | <u>Owner Information</u> |
| License # | 018364 | | | | | RETREAT HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 2501 SUMMERHILL ROAD |
| Medicare 1: | 677439 | | | | | TEXARKANA, TX 75501 |
| Medicare 2: | | | | | | |
| Phone | (903) 793-0282 | Fax | (903) 793-2586 | | | Services: |
| Type: | Parent Agency | Administrator | RICKEY RIEBESELL | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | BOWIE | Region | 04 | Date Licensed | 11/02/2017 | <u>Owner Information</u> |
| License # | 018419 | | | | | SENIORS FOR SENIORS LIMITED LIABILITY COMPANY |
| Lic Expire | 11/30/2019 | | | | | 9311 WATERVIEW ROAD |
| Medicare 1: | | | | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | |
| Phone | (903) 293-9042 | Fax | (903) 223-8568 | | | Services: |
| Type: | Parent Agency | Administrator | MARK WREN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|-------------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 01/20/2016 | Owner Information |
| License # | 017228 | | | | | REVA VENTURES, INC. |
| Lic Expire | 01/31/2020 | | | | | 1600 EAST HWY 6, STE #401 |
| Medicare 1: | | | | | | ALVIN, TX 77511 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 299-3151 | Fax | (281) 724-8254 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANAE FLAKE | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 08/31/2012 | Owner Information |
| License # | 015195 | | | | | SMITH JONES & ASSOCIATES, INC. |
| Lic Expire | 08/31/2018 | | | | | 218 W COOMBS STREET |
| Medicare 1: | 678390 | | | | | ALVIN, TX 77511 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 331-1516 | Fax | (281) 331-8516 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JO-ANNE MACKLEY-DOBKINS | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/14/2017 | Owner Information |
| License # | 018446 | | | | | MAXIMAL DIALYSIS CARE, INC. |
| Lic Expire | 11/30/2019 | | | | | 100 EAST HOUSE STREET |
| Medicare 1: | | | | | | ALVIN, TX 77511 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 245-1123 | Fax | (281) 968-7752 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | JOSEPH VOUKEP | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 01/25/2013 | Owner Information |
| License # | 015341 | | | | | RHC RELIABLE HOME CARE, INC. |
| Lic Expire | 01/31/2019 | | | | | 1600 E HWY 6, SUITE #320 |
| Medicare 1: | | | | | | ALVIN, TX 77511 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 331-3670 | Fax | (281) 331-3824 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MINERVA GONZALES | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 10/18/2012 | Owner Information |
| License # | 015409 | | | | | AMED SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 8901 E F LOWRY EXPWY, SUITE A |
| Medicare 1: | 67Q7457001 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 848-8925 | Fax | (979) 848-8565 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MISTY MILLS | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/05/2004 | Owner Information |
| License # | 009583 | | | | | ANGLETON HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 1212 NORTH VELASCO SUITE 200 |
| Medicare 1: | 679109 | | | | | ANGLETON, TX 77515 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 848-0219 | Fax | (979) 848-2025 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELVA GUTIERREZ | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 01/17/2018 | Owner Information |
| License # | 018562 | | | | | MCVADE GROUP LLC |
| Lic Expire | 01/31/2020 | | | | | 27702 MERCHANT HILLS LN |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 498-3248 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LARRY MCVADE | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 017564 | | | | | ACUTE HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 1422 TAVENDALE CT |
| Medicare 1: | | | | | | FRESNO, TX 77545 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 816-7996 | Fax | (346) 816-7997 | | | Hospice |
| Type: | Parent Agency | Administrator | MARIA F VALLADARES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|---------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 11/14/2003 | Owner Information |
| License # | 008427 | | | | | E MEDICAL GROUP INC |
| Lic Expire | 04/30/2018 | | | | | 2803 7TH STREET |
| Medicare 1: | 67Q9345001 | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (979) 297-3400 | Fax | (979) 297-3428 | | | Services: |
| Type: | Branch Agency | Administrator | ANGELA CRAWFORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 06/03/2014 | Owner Information |
| License # | 016243 | | | | | SHELLBONN LLC |
| Lic Expire | 06/30/2018 | | | | | 101 OYSTER CREEK DRIVE |
| Medicare 1: | | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 258-6728 | Fax | (979) 258-6046 | | | Services: |
| Type: | Parent Agency | Administrator | MARY S. CROSBY | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 05/13/2014 | Owner Information |
| License # | 016203 | | | | | CNM HOMECARE LLC |
| Lic Expire | 05/31/2018 | | | | | 53 PLANTATION CT |
| Medicare 1: | | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 316-2965 | Fax | (979) 316-2970 | | | Services: |
| Type: | Parent Agency | Administrator | ADRIANNE WALLS | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/01/2016 | Owner Information |
| License # | 017968 | | | | | THE COMMUNITY HOSPITAL OF BRAZOSPORT |
| Lic Expire | 01/31/2020 | | | | | 194 ABNER JACKSON PARKWAY |
| Medicare 1: | 458370 | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 299-3236 | Fax | (979) 299-6407 | | | Services: |
| Type: | Parent Agency | Administrator | KIRSTEN PARKS | | | Licensed and Certified Home Health Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/08/2005 | Owner Information |
| License # | 009576 | | | | | COASTAL STAFF RELIEF INC |
| Lic Expire | 02/28/2019 | | | | | 101 WEST WAY, SUITE #1A |
| Medicare 1: | 457995 | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 299-3006 | Fax | (979) 299-3113 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA LAWRENCE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 03/19/2014 | Owner Information |
| License # | 016095 | | | | | GENESIS GERIATRICCARE & CONSULTING SERVICES, LLC |
| Lic Expire | 03/31/2018 | | | | | 110 PLANTATION DRIVE |
| Medicare 1: | | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 297-3802 | Fax | (979) 529-2100 | | | Services: |
| Type: | Parent Agency | Administrator | SHUNTA LOGAN DAILEY | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 05/13/2003 | Owner Information |
| License # | 008456 | | | | | GULF COAST PRIMARY HOME CARE INC |
| Lic Expire | 05/31/2019 | | | | | 190 ABNER JACKSON PKWY STE 230 |
| Medicare 1: | | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 848-8500 | Fax | (979) 848-8548 | | | Services: |
| Type: | Parent Agency | Administrator | SUZELLE MARTIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 08/28/2007 | Owner Information |
| License # | 011551 | | | | | HELP INC |
| Lic Expire | 08/31/2018 | | | | | 127 CIRCLE WAY STREET |
| Medicare 1: | | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (979) 480-0197 | Fax | (979) 480-0332 | | | Services: |
| Type: | Parent Agency | Administrator | EILEEN PINKERTON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 10/24/2002 | Owner Information |
| License # | 008168 | | | | | HELPING HANDS AND HEARTS HOSPICE |
| Lic Expire | 10/31/2018 | | | | | 815 WEST KYLE ROAD |
| Medicare 1: | 451727 | | | | | CLUTE, TX 77531 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 297-3775 | Fax | (979) 297-2774 | | | Hospice |
| Type: | Parent Agency | Administrator | SHERWYN MOORE | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/10/2009 | Owner Information |
| License # | 012561 | | | | | IPH HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 135 EAST HOSPITAL DRIVE |
| Medicare 1: | 458399 | | | | | ANGLETON, TX 77515 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 848-8151 | Fax | (979) 848-2028 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LISA CHARBULA | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/10/2009 | Owner Information |
| License # | 012561 | | | | | IPH HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 135 EAST HOSPITAL DRIVE |
| Medicare 1: | 45Q8399001 | | | | | ANGLETON, TX 77515 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 848-8151 | Fax | (979) 848-2028 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | LISA CHARBULA | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/17/2004 | Owner Information |
| License # | 009412 | | | | | IPH HOSPICE CARE INC |
| Lic Expire | 11/30/2018 | | | | | 190 ABNER JACKSON PKWY STE #220 |
| Medicare 1: | 451784 | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | Services: |
| Phone | (800) 574-5179 | Fax | (979) 848-2028 | | | Hospice |
| Type: | Parent Agency | Administrator | LISA CHARBULA | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 09/12/2005 | Owner Information |
| License # | 007750 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 10/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9104001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 297-6726 | Fax | (979) 297-2061 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | AMY COMEAUX | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 12/29/2016 | Owner Information |
| License # | 017827 | | | | | ADVANCEMENT CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 11222 BRAESRIDGE DRIVE #3442 |
| Medicare 1: | | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 539-9305 | Fax | (832) 547-2247 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TIFFANY BRYANT | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 10/03/2017 | Owner Information |
| License # | 018356 | | | | | AMOYE HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 38 TERRA BELLA DR |
| Medicare 1: | | | | | | MANVEL, TX 77578 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 656-1056 | Fax | (281) 656-1055 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LEKEYIA AMOYE | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 07/14/2016 | Owner Information |
| License # | 017521 | | | | | LINKSVIEW HOME HEALTHCARE & WELLNESS LLC |
| Lic Expire | 07/31/2018 | | | | | 3618 MUSTANG LANE |
| Medicare 1: | | | | | | MANVEL, TX 77578 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 692-2080 | Fax | (281) 692-2383 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | THERESA OBONYANO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|--------------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 11/01/2013 | <u>Owner Information</u> |
| License # | 016011 | | | | | MAXICARE INC |
| Lic Expire | 10/31/2019 | | | | | 17512 HWY 6 SUITE #F9 |
| Medicare 1: | | | | | | MANVEL, TX 77578 |
| Medicare 2: | | | | | | |
| Phone | (281) 216-3049 | Fax | (832) 582-6780 | | | Services: |
| Type: | Parent Agency | Administrator | DIANE PHAM-HOANG | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 05/05/2017 | <u>Owner Information</u> |
| License # | 018039 | | | | | KC3 & ASSOCIATES LLC |
| Lic Expire | 05/31/2019 | | | | | 3004 INGLEWOOD LN |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (832) 664-9462 | Fax | (832) 664-9462 | | | Services: |
| Type: | Parent Agency | Administrator | KIBIBI SELLERS | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 09/28/2011 | <u>Owner Information</u> |
| License # | 014382 | | | | | THE BELCHMAN GROUP, LLC |
| Lic Expire | 09/30/2019 | | | | | 10208 FOREST SPRING LANE |
| Medicare 1: | 747838 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (713) 480-6730 | Fax | (713) 436-7982 | | | Services: |
| Type: | Parent Agency | Administrator | ENRICO BELARGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 09/12/2016 | <u>Owner Information</u> |
| License # | 017623 | | | | | MICHELLE BERNARD |
| Lic Expire | 09/30/2018 | | | | | 12910 BROOK ARBOR CT |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (832) 672-3742 | Fax | (832) 672-5292 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE BERNARD | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/24/2016 | <u>Owner Information</u> |
| License # | 017289 | | | | | BERNADETTE FIELDS HEALTHCARE LLC |
| Lic Expire | 02/28/2018 | | | | | 2101 KINGSLEY DR #8103 |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (713) 438-8022 | Fax | (832) 288-3727 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADETTE FIELDS | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/30/2010 | <u>Owner Information</u> |
| License # | 013731 | | | | | PEARLAND REGIONAL HOME HEALTH, LLC |
| Lic Expire | 11/30/2018 | | | | | 6606 W BROADWAY, SUITE B |
| Medicare 1: | 747815 | | | | | PEARLAND, TX 77581 |
| Medicare 2: | | | | | | |
| Phone | (281) 485-5775 | Fax | (281) 485-5773 | | | Services: |
| Type: | Parent Agency | Administrator | RACHELLE P BAUM | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/24/2011 | <u>Owner Information</u> |
| License # | 013913 | | | | | CHOSEN HOSPICE CARE, LLC |
| Lic Expire | 02/28/2019 | | | | | 11402 MORNING BROOK |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (713) 436-6523 | Fax | (713) 436-6523 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTY BERRY-LAKEY | | | Hospice |
| County | BRAZORIA | Region | 06 | Date Licensed | 08/21/2014 | <u>Owner Information</u> |
| License # | 016389 | | | | | CIRCLE OF LIGHT PROVIDERS INCORPORATED |
| Lic Expire | 08/31/2018 | | | | | 3402 HANSFORD PLACE |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (832) 878-8125 | Fax | (713) 436-3889 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI THIBODEAUX-METCALF | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|-------------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 01/09/2018 | <u>Owner Information</u> |
| License # | 018552 | | | | | DEDICATED HEALTHCARE INCORPORATED |
| Lic Expire | 01/31/2020 | | | | | 2608 SUNFISH DR |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (832) 703-4104 | Fax | (281) 786-3946 | | | Services: |
| Type: | Parent Agency | Administrator | ALEXI MBOGNE | | | Licensed Home Health Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 09/10/2014 | <u>Owner Information</u> |
| License # | 016415 | | | | | FIVE STAR DIALYSIS LLC |
| Lic Expire | 09/30/2018 | | | | | 2620 CULLEN PARKWAY BLDG A SUITE 216 |
| Medicare 1: | | | | | | PEARLAND, TX 77581 |
| Medicare 2: | | | | | | |
| Phone | (713) 436-1811 | Fax | (281) 506-8751 | | | Services: |
| Type: | Parent Agency | Administrator | EDUARDO CESAR E GERALDO | | | Licensed Home Health Services, Licensed Home Health Services with Dialysis |
| County | BRAZORIA | Region | 06 | Date Licensed | 06/28/2012 | <u>Owner Information</u> |
| License # | 014899 | | | | | FRIENDLY FACES HOME HEALTH & SENIOR CARE, INC. |
| Lic Expire | 06/30/2018 | | | | | 11307 HARRIS AVENUE |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (281) 302-4138 | Fax | (281) 302-4138 | | | Services: |
| Type: | Parent Agency | Administrator | QIANA JAMES | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 04/02/2007 | <u>Owner Information</u> |
| License # | 011217 | | | | | HOME CARE OPTIONS HOUSTON INC |
| Lic Expire | 04/30/2018 | | | | | 2500 EAST TC JESTER SUITE 295 |
| Medicare 1: | 747036 | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (832) 328-0179 | Fax | (832) 218-7179 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTOPHER COWART | | | Licensed and Certified Home Health Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 03/28/2008 | <u>Owner Information</u> |
| License # | 011945 | | | | | MAGNIFICAT HOME HEALTHCARE SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 2205 N MAIN STREET SUITE B |
| Medicare 1: | 747264 | | | | | PEARLAND, TX 77581 |
| Medicare 2: | | | | | | |
| Phone | (281) 741-5709 | Fax | (281) 741-5798 | | | Services: |
| Type: | Parent Agency | Administrator | MARIETTA A ALIGSAO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 06/01/2009 | <u>Owner Information</u> |
| License # | 012657 | | | | | MARATHON HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 3614 MIDLAND DR |
| Medicare 1: | 747627 | | | | | MANVEL, TX 77578 |
| Medicare 2: | | | | | | |
| Phone | (281) 997-6272 | Fax | (281) 997-6275 | | | Services: |
| Type: | Parent Agency | Administrator | MARY MOHAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/21/2016 | <u>Owner Information</u> |
| License # | 017753 | | | | | MARIE'S ANGELS HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 12007 LINDEN WALK LANE |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (832) 920-8362 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | GEORGE KHATER | | | Personal Assistance Services |
| County | BRAZORIA | Region | 06 | Date Licensed | 04/05/2007 | <u>Owner Information</u> |
| License # | 011234 | | | | | MYNURSE HOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 11601 SHADOW CREEK PKWY SUITE # 107 |
| Medicare 1: | 743112 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (713) 436-0999 | Fax | (713) 340-0676 | | | Services: |
| Type: | Parent Agency | Administrator | SHAALA SRUT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|--------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 11/25/2013 | Owner Information |
| License # | 015886 | | | | | OAK TREE HEALTHCARE, INC. |
| Lic Expire | 11/30/2019 | | | | | 12904 CRYSTAL REEF CT |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 658-9998 | Fax | (713) 436-8580 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNASTECIA EMELOGU | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 08/28/2007 | Owner Information |
| License # | 011545 | | | | | RIVERKIDS HOUSTON THERAPY, LLC |
| Lic Expire | 08/31/2018 | | | | | 2540 E BROADWAY, SUITE K |
| Medicare 1: | | | | | | PEARLAND, TX 77581 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 962-0277 | Fax | (888) 534-0264 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LANCE MONTGOMERY | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 10/05/2012 | Owner Information |
| License # | 015116 | | | | | SINGULAR CARE HOME HEMODIALYSIS SERVICES |
| Lic Expire | 10/31/2018 | | | | | 2817 MILLER RANCH RD SUITE 333 |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 413-8881 | Fax | (713) 413-8886 | | | Licensed Home Health Services, Licensed Home Health Services with Dialysis, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER ENABE | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 12/04/2013 | Owner Information |
| License # | 015988 | | | | | STAT HOME HEALTH HOUSTON BELLAIRE, LLC |
| Lic Expire | 12/31/2017 | | | | | 10615 JEFFERSON HIGHWAY |
| Medicare 1: | 457537 | | | | | BATON ROUGE, LA 70809 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 997-7118 | Fax | (281) 997-7203 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | PEGGY NORREGAARD | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 02/08/2017 | Owner Information |
| License # | 017911 | | | | | STEFAN PROFESSIONAL STAFFING LLC |
| Lic Expire | 02/28/2019 | | | | | 2850 OAK RD APT 9301 |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 707-5915 | Fax | (832) 617-8465 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HAYATE ALI | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/29/2007 | Owner Information |
| License # | 011891 | | | | | TWENTY FIRST CENTURY SOLUTIONS HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2017 | | | | | 6125-B BROADWAY ST |
| Medicare 1: | 679314 | | | | | PEARLAND, TX 77581 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 238-7240 | Fax | (844) 272-2810 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BARBARA MCMURRAY | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 05/14/2014 | Owner Information |
| License # | 016206 | | | | | INTEGRI HEALTH GROUP, INC. |
| Lic Expire | 05/31/2018 | | | | | 13111 SOUTHERN CREEK DRIVE |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 674-0423 | Fax | (832) 674-0424 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESTHER N IWUNZE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|---------------------|---------------|------------|--|
| County | BRAZORIA | Region | 06 | Date Licensed | 04/20/2017 | Owner Information |
| License # | 018014 | | | | | A MOTHER'S BLESSING SENIOR CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 1333 OLD SPANISH TRAIL STE G#146 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 710-4807 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIMBERLY JONES | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 11/20/2015 | Owner Information |
| License # | 017145 | | | | | GOD IS BEST, LLC |
| Lic Expire | 11/30/2017 | | | | | 5204 PALE SAGE LANE |
| Medicare 1: | | | | | | ROSHARON, TX 77583 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 967-0899 | Fax | (281) 817-5914 | | | |
| Type: | Parent Agency | Administrator | GOODLUCK O ONUKWUSI | | | |
| County | BRAZORIA | Region | 06 | Date Licensed | 06/04/2007 | Owner Information |
| License # | 011364 | | | | | TEXAS CHOICE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 5605 SPRING KNOLL CT |
| Medicare 1: | 747010 | | | | | ROSHARON, TX 77583 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 969-8378 | Fax | (877) 849-6234 | | | |
| Type: | Parent Agency | Administrator | NNENAYA OJINGWA | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 10/25/2017 | Owner Information |
| License # | 007379 | | | | | A PINEYWOODS HOME SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 704-5044 | Fax | (979) 704-5048 | | | |
| Type: | Branch Agency | Administrator | TANDY E HICKS | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 11/18/2010 | Owner Information |
| License # | 013721 | | | | | COMPASSIONATE CARE HOSPICE |
| Lic Expire | 11/30/2018 | | | | | 3833 S. TEXAS AVE., SUITE#200 |
| Medicare 1: | 671679 | | | | | BRYAN, TX 77802 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 835-3300 | Fax | (409) 835-3301 | | | |
| Type: | Parent Agency | Administrator | STEPHANIE BONDI | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 06/12/2015 | Owner Information |
| License # | 017033 | | | | | CHH HOME HEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 3880 HULEN STREET, SUITE 670 |
| Medicare 1: | 677823 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 776-5620 | Fax | (979) 774-4698 | | | |
| Type: | Parent Agency | Administrator | DEBORAH ELLIS | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 07/06/2007 | Owner Information |
| License # | 011573 | | | | | OHERBST INC |
| Lic Expire | 07/31/2018 | | | | | 13737 NOEL ROAD SUITE 1400 |
| Medicare 1: | 677153 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 774-7770 | Fax | (979) 778-9435 | | | |
| Type: | Parent Agency | Administrator | CRYSTAL CALLAHAM | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 01/03/2014 | Owner Information |
| License # | 015951 | | | | | HARBOR HOSPICE OF BRYAN-COLLEGE STATION LP |
| Lic Expire | 01/31/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741673 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 659-0303 | Fax | (281) 659-0306 | | | |
| Type: | Parent Agency | Administrator | THERESA COUSINS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | BRAZOS | Region | 07 | Date Licensed | 07/26/2006 | <u>Owner Information</u> |
| License # | 010639 | | | | | TRINIDAD PEREZ |
| Lic Expire | 07/31/2018 | | | | | 3501 SOUTH TEXAS AVENUE SUITE # 202 |
| Medicare 1: | 679685 | | | | | BRYAN, TX 77802 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 846-7870 | Fax | (979) 691-5781 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KIMBERLY JOHN | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 10/05/2010 | <u>Owner Information</u> |
| License # | 013790 | | | | | DC CARE INC |
| Lic Expire | 10/31/2018 | | | | | 1908 GREENFIELD PLAZA |
| Medicare 1: | | | | | | BRYAN, TX 77802 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 268-6880 | Fax | (979) 260-3900 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID GEST | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 12/20/2016 | <u>Owner Information</u> |
| License # | 017806 | | | | | HOMES PARK, LLC |
| Lic Expire | 12/31/2018 | | | | | 4311 VELENCIA CT |
| Medicare 1: | | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 776-5313 | Fax | (979) 776-2271 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONOVAN FRENCH | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 02/11/1991 | <u>Owner Information</u> |
| License # | 002186 | | | | | HOSPICE BRAZOS VALLEY INC |
| Lic Expire | 02/28/2019 | | | | | 502 WEST 26TH STREET |
| Medicare 1: | 451547 | | | | | BRYAN, TX 77803 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 821-2266 | Fax | (979) 821-2763 | | | Hospice |
| Type: | Parent Agency | Administrator | CRAIG BORCHARDT | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 11/15/2011 | <u>Owner Information</u> |
| License # | 002186 | | | | | HOSPICE BRAZOS VALLEY INC |
| Lic Expire | 02/28/2019 | | | | | 502 WEST 26TH STREET |
| Medicare 1: | | | | | | BRYAN, TX 77803 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 821-5030 | Fax | (979) 821-5032 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CRAIG BORCHARDT | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 12/23/2006 | <u>Owner Information</u> |
| License # | 011181 | | | | | CENTRAL TEXAS HOMECARE LLC |
| Lic Expire | 12/31/2019 | | | | | 5224 75TH STREET, SUITE #D |
| Medicare 1: | 67Q7694001 | | | | | LUBBOCK, TX 20599 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 260-1100 | Fax | (979) 268-4050 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | RHONDA CAIN | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 04/15/2015 | <u>Owner Information</u> |
| License # | 014809 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 05/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 260-1100 | Fax | (979) 268-4050 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CURT BOATMAN | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 10/14/2010 | <u>Owner Information</u> |
| License # | 010271 | | | | | MERRYMAN HOME HEALTH INC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 247 |
| Medicare 1: | | | | | | FRANKLIN, TX 77856 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 703-1966 | Fax | (979) 703-1967 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KIMBERLY MCCORMICK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | BRAZOS | Region | 07 | Date Licensed | 06/29/2010 | Owner Information |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 774-2244 | Fax | (281) 456-2479 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CHARLES M WILCOX | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 08/24/2016 | Owner Information |
| License # | 017591 | | | | | PATHWAYS OF LOVE HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 111 BRIARCREST DR STE 302 |
| Medicare 1: | 741660 | | | | | BRYAN, TX 77802 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 704-6684 | Fax | (979) 704-6690 | | | Hospice |
| Type: | Parent Agency | Administrator | STACY LEHMANN | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 12/28/2016 | Owner Information |
| License # | 017824 | | | | | RAHBCS HOME CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 5104 GANTON CT |
| Medicare 1: | | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 422-2284 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALE CHRISTIAN | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 06/24/2014 | Owner Information |
| License # | 016278 | | | | | SHS - SIG SELECT 1, INC. |
| Lic Expire | 06/30/2018 | | | | | 11200 BROADWAY, SUITE #2743 |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 691-7309 | Fax | (979) 691-7398 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELENA BECKER | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 06/27/2006 | Owner Information |
| License # | 010576 | | | | | STANDARDS OF CARE INC |
| Lic Expire | 03/31/2019 | | | | | 111 W 2ND ST |
| Medicare 1: | 45Q3122001 | | | | | CAMERON, TX 76520 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 776-0900 | Fax | (979) 776-5128 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MELISSA CULLEN | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 02/10/2012 | Owner Information |
| License # | 014635 | | | | | REGINA V. ROBERTSON |
| Lic Expire | 02/28/2018 | | | | | 1800 BROTHERS BLVD SUITE B |
| Medicare 1: | 747824 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 693-3208 | Fax | (979) 314-9002 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | REGINA V. ROBERTSON | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 04/24/2015 | Owner Information |
| License # | 016767 | | | | | ALOMEGA HOME HEALTH CARE LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 11304 |
| Medicare 1: | | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 704-6252 | Fax | (979) 704-6254 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ALVERNA MCCULLOUGH | | | |
| County | BRAZOS | Region | 07 | Date Licensed | 06/16/2016 | Owner Information |
| License # | 017632 | | | | | ALOMEGA HOME HEALTH CARE LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 11304 |
| Medicare 1: | 457099 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 704-6252 | Fax | (979) 704-6254 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALVERNA MCCULLOUGH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | BRAZOS | Region | 07 | Date Licensed | 10/26/2015 | Owner Information |
| License # | 017213 | | | | | E MEDICAL GROUP OF COLLEGE STATION LLC |
| Lic Expire | 10/31/2019 | | | | | 707 TEXAS AVENUE SUITE 100A |
| Medicare 1: | 747080 | | | | | COLLEGE STATION, TX 77840 |
| Medicare 2: | | | | | | |
| Phone | (979) 690-8399 | Fax | (979) 690-8355 | | | Services: |
| Type: | Parent Agency | Administrator | PENNY DORN BUSH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZOS | Region | 07 | Date Licensed | 01/01/2007 | Owner Information |
| License # | 011108 | | | | | BRAZOS VALLEY HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 3014 NORMAND DRIVE |
| Medicare 1: | 673123 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | |
| Phone | (979) 485-8252 | Fax | (979) 485-8171 | | | Services: |
| Type: | Parent Agency | Administrator | GENEVA G. GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZOS | Region | 07 | Date Licensed | 03/04/2009 | Owner Information |
| License # | 012482 | | | | | ARONCARE INC |
| Lic Expire | 03/31/2019 | | | | | 244 SOUTHWEST PKWY EAST |
| Medicare 1: | | | | | | COLLEGE STATION, TX 77840 |
| Medicare 2: | | | | | | |
| Phone | (979) 764-3076 | Fax | (979) 696-2061 | | | Services: |
| Type: | Parent Agency | Administrator | ARON W COLLINS | | | Personal Assistance Services |
| County | BRAZOS | Region | 07 | Date Licensed | 02/05/2014 | Owner Information |
| License # | 016142 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 02/29/2020 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 747020 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (979) 764-9000 | Fax | (979) 764-9001 | | | Services: |
| Type: | Parent Agency | Administrator | LISA HILBURN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZOS | Region | 07 | Date Licensed | 05/02/2014 | Owner Information |
| License # | 016303 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 05/31/2018 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 671738 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (979) 268-4710 | Fax | (979) 268-4726 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADINE DAILEY | | | Hospice |
| County | BRAZOS | Region | 07 | Date Licensed | 12/18/2013 | Owner Information |
| License # | 014927 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (979) 307-5850 | Fax | (214) 466-1378 | | | Services: |
| Type: | Branch Agency | Administrator | RICHARD SAMBROOK | | | Licensed Home Health Services, Personal Assistance Services |
| County | BRAZOS | Region | 07 | Date Licensed | 05/05/2014 | Owner Information |
| License # | 016377 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 05/31/2018 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 747505 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (979) 764-9000 | Fax | (979) 764-9001 | | | Services: |
| Type: | Parent Agency | Administrator | LISA HILBURN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BRAZOS | Region | 07 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018330 | | | | | TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC |
| Lic Expire | 07/31/2019 | | | | | 1605 ROCK PRAIRIE ROAD SUITE #206 |
| Medicare 1: | 679189 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | |
| Phone | (979) 846-1283 | Fax | (979) 693-0459 | | | Services: |
| Type: | Parent Agency | Administrator | AGNES BAILEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|------------------------|------------------------------------|--------------------------|---|
| County BRAZOS | Region 07 | Date Licensed 12/23/2014 | Owner Information TEXAS HOME HEALTH HOSPICE 17855 N DALLAS PKWY STE 200 DALLAS, TX 75287 |
| License # 016579 | TEXAS HOME HEALTH HOSPICE | | |
| Lic Expire 12/31/2018 | 1605 ROCK PRAIRIE ROAD SUITE 206 | | |
| Medicare 1: 741588 | COLLEGE STATION, TX 77845 | | |
| Medicare 2: | | | Services: |
| Phone (979) 314-9235 | Fax (979) 314-7240 | | Hospice |
| Type: Parent Agency | Administrator CHERI DETTORI | | |
| County BRAZOS | Region 07 | Date Licensed 12/23/2014 | Owner Information TEXAS HOME HEALTH OF AMERICA LP 17855 NORTH DALLAS PKWY SUITE 200 DALLAS, TX 75287 |
| License # 016581 | TEXAS HOME HEALTH OF AMERICA | | |
| Lic Expire 12/31/2018 | 1605 ROCK PRAIRIE ROAD SUITE 206 | | |
| Medicare 1: | COLLEGE STATION, TX 77845 | | |
| Medicare 2: | | | Services: |
| Phone (979) 846-2692 | Fax (979) 693-6787 | | Personal Assistance Services |
| Type: Parent Agency | Administrator JESSICA FAVARA | | |
| County BRAZOS | Region 07 | Date Licensed 03/09/2001 | Owner Information TEXAS HOME HEALTH OF AMERICA LP 17855 NORTH DALLAS PARKWAY SUITE #200 DALLAS, TX 75287 |
| License # 007587 | TEXAS HOME HEALTH OF AMERICA | | |
| Lic Expire 03/31/2020 | 1605 ROCK PRAIRIE ROAD SUITE 206 | | |
| Medicare 1: | COLLEGE STATION, TX 77845 | | |
| Medicare 2: | | | Services: |
| Phone (979) 846-2692 | Fax (979) 693-6787 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator KATHLEEN ELIZONDO | | |
| County BRAZOS | Region 07 | Date Licensed 07/29/2011 | Owner Information TRADITIONS HHC ACQUISITION, LLC 1862 ROCK PRAIRIE RD, STE#202 COLLEGE STATION, TX 77845 |
| License # 014288 | TRADITIONS HEALTH CARE | | |
| Lic Expire 07/31/2019 | 1862 ROCK PRAIRIE RD SUITE 202 | | |
| Medicare 1: 457877 | COLLEGE STATION, TX 77845 | | |
| Medicare 2: | | | Services: |
| Phone (979) 822-5511 | Fax (979) 822-3709 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator RUSSELL W. RIDENHOUR | | |
| County BRAZOS | Region 07 | Date Licensed 07/29/2011 | Owner Information TRADITIONS HHC ACQUISITION, LLC 1862 ROCK PRAIRIE RD, STE#202 COLLEGE STATION, TX 77845 |
| License # 014288 | TRADITIONS HEALTH CARE | | |
| Lic Expire 07/31/2019 | 1862 ROCK PRAIRIE RD SUITE 204B | | |
| Medicare 1: | COLLEGE STATION, TX 77845 | | |
| Medicare 2: | | | Services: |
| Phone (979) 822-5511 | Fax (979) 822-3709 | | Licensed Home Health Services |
| Type: Branch Agency | Administrator RUSSELL W. RIDENHOUR | | |
| County BRAZOS | Region 07 | Date Licensed 07/29/2011 | Owner Information THC HOSPICE CARE ACQUISITION, LLC 1862 ROCK PRAIRIE RD STE #204 COLLEGE STATION, TX 77845 |
| License # 014287 | TRADITIONS HOSPICE | | |
| Lic Expire 07/31/2019 | 1862 ROCK PRAIRIE RD SUITE 204 | | |
| Medicare 1: 451753 | COLLEGE STATION, TX 77845 | | |
| Medicare 2: | | | Services: |
| Phone (979) 822-5511 | Fax (979) 822-3709 | | Personal Assistance Services, Hospice |
| Type: Parent Agency | Administrator RUSSELL W. RIDENHOUR | | |
| County BRAZOS | Region 07 | Date Licensed 11/07/2012 | Owner Information REW HOMECARE INC 707 TEXAS AVE STE 204A COLLEGE STATION, TX 77840 |
| License # 015187 | VISITING ANGELS | | |
| Lic Expire 11/30/2018 | 707 TEXAS AVE SUITE 204-A | | |
| Medicare 1: | COLLEGE STATION, TX 77840 | | |
| Medicare 2: | | | Services: |
| Phone (979) 209-0027 | Fax (977) 393-0003 | | Personal Assistance Services |
| Type: Parent Agency | Administrator BRANDI RILEY | | |
| County BRAZOS | Region 07 | Date Licensed 07/06/2007 | Owner Information OHERBST INC 13737 NOEL ROAD SUITE 1400 DALLAS, TX 75240 |
| License # 011573 | GUARDIAN HEALTHCARE | | |
| Lic Expire 07/31/2018 | 301 OWEN LANE STE A | | |
| Medicare 1: 67Q7153002 | WACO, TX 77802 | | |
| Medicare 2: | | | Services: |
| Phone (254) 751-0623 | Fax (254) 751-0519 | | Licensed and Certified Home Health Services |
| Type: Branch Agency | Administrator CRYSTAL CALLAHAM | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|------------------------|---------------|------------|--|
| County | BREWSTER | Region | 10 | Date Licensed | 07/26/2013 | <u>Owner Information</u> |
| License # | 015776 | | | | | AGAVE HOME HEALTH LLC |
| Lic Expire | 07/31/2019 | | | | | 508 EAST AVENUE SUITE E |
| Medicare 1: | 747914 | | | | | ALPINE, TX 79830 |
| Medicare 2: | | | | | | |
| Phone | (432) 837-5907 | Fax | (866) 523-1745 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA JUETT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BREWSTER | Region | 10 | Date Licensed | 07/08/1997 | <u>Owner Information</u> |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | |
| Phone | (432) 837-1609 | Fax | (432) 837-1165 | | | Services: |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | Licensed Home Health Services, Personal Assistance Services |
| County | BREWSTER | Region | 10 | Date Licensed | 06/01/2000 | <u>Owner Information</u> |
| License # | 007333 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (915) 837-5451 | Fax | (432) 837-2901 | | | Services: |
| Type: | Branch Agency | Administrator | MELISSA RODRIGUEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | BROOKS | Region | 11 | Date Licensed | 12/08/2000 | <u>Owner Information</u> |
| License # | 002164 | | | | | HEALTH CARE UNLIMITED INC |
| Lic Expire | 11/30/2018 | | | | | 1100 E LAUREL |
| Medicare 1: | 67Q7285001 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (361) 325-1661 | Fax | (361) 325-4883 | | | Services: |
| Type: | Branch Agency | Administrator | JOSEPH RAMON III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BROOKS | Region | 11 | Date Licensed | 05/24/2006 | <u>Owner Information</u> |
| License # | 008584 | | | | | PALM VALLEY HEALTH CARE II |
| Lic Expire | 08/31/2019 | | | | | 119E CANTON |
| Medicare 1: | 67Q9465001 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (361) 325-1201 | Fax | (361) 325-4732 | | | Services: |
| Type: | Branch Agency | Administrator | HORACIO CANALES III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | BROWN | Region | 02 | Date Licensed | 11/01/2013 | <u>Owner Information</u> |
| License # | 016067 | | | | | CARTER HEALTHCARE OF BRADY LLC |
| Lic Expire | 10/31/2019 | | | | | 1501 SOUTH BRIDGE |
| Medicare 1: | 45Q3119001 | | | | | BRADY, TX 76825 |
| Medicare 2: | | | | | | |
| Phone | (254) 893-5990 | Fax | (254) 893-5992 | | | Services: |
| Type: | Branch Agency | Administrator | DAVID BERNARD | | | Licensed and Certified Home Health Services |
| County | BROWN | Region | 02 | Date Licensed | 06/01/2006 | <u>Owner Information</u> |
| License # | 010716 | | | | | ENCOMPASS HOME HEALTH OF WEST TEXAS |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q9184001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (325) 646-5565 | Fax | (325) 641-2399 | | | Services: |
| Type: | Branch Agency | Administrator | KIM TRAWICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BROWN | Region | 02 | Date Licensed | 11/30/2007 | <u>Owner Information</u> |
| License # | 011726 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (325) 643-5604 | Fax | (325) 646-2278 | | | Services: |
| Type: | Parent Agency | Administrator | LISA CUPPS | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | BROWN | Region | 02 | Date Licensed | 06/30/2015 | <u>Owner Information</u> |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 643-1113 | Fax | (325) 643-1088 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | |
| County | BROWN | Region | 02 | Date Licensed | 04/26/2017 | <u>Owner Information</u> |
| License # | 018129 | | | | | BRADY HEALTH CARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 14295 MIDWAY ROAD, SUITE 400 |
| Medicare 1: | 677455 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 643-4999 | Fax | (325) 643-5538 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHERYL WILSON | | | |
| County | BROWN | Region | 02 | Date Licensed | 04/26/2017 | <u>Owner Information</u> |
| License # | 018129 | | | | | BRADY HEALTH CARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 14295 MIDWAY ROAD, SUITE 400 |
| Medicare 1: | 67Q7455001 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 597-3994 | Fax | (325) 597-0325 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CHERYL WILSON | | | |
| County | BROWN | Region | 02 | Date Licensed | 07/01/2007 | <u>Owner Information</u> |
| License # | 011448 | | | | | INTEGRACARE OF OLNEY HOME HEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE #400 |
| Medicare 1: | 459371 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 643-5525 | Fax | (325) 646-2158 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BECKY LANSFORD | | | |
| County | BROWN | Region | 02 | Date Licensed | 11/30/2007 | <u>Owner Information</u> |
| License # | 011763 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 451707 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 643-5718 | Fax | (325) 643-6249 | | | Hospice |
| Type: | Parent Agency | Administrator | C'ANN GORDON | | | |
| County | BROWN | Region | 02 | Date Licensed | 04/01/2002 | <u>Owner Information</u> |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |
| County | BROWN | Region | 02 | Date Licensed | 03/01/2010 | <u>Owner Information</u> |
| License # | 013273 | | | | | CMS HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 14 |
| Medicare 1: | 677177 | | | | | BROWNWOOD, TX 76804 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 643-4900 | Fax | (325) 646-8605 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELISHIA E CALLIHAN | | | |
| County | BURNET | Region | 07 | Date Licensed | 08/16/2017 | <u>Owner Information</u> |
| License # | 016340 | | | | | ALTUS HOSPICE OF AUSTIN LP |
| Lic Expire | 04/30/2018 | | | | | 11233 SHADOW CREEK PWY STE#313 |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 234-8546 | Fax | | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JENNIFER ASBELL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | BURNET | Region | 07 | Date Licensed | 03/04/2015 | Owner Information |
| License # | 016739 | | | | | SETON HIGHLAND LAKES HOME HEALTH LLC |
| Lic Expire | 03/31/2019 | | | | | 309 INDUSTRIAL BOULEVARD |
| Medicare 1: | 677154 | | | | | BURNET, TX 78611 |
| Medicare 2: | | | | | | |
| Phone | (512) 756-7511 | Fax | (844) 809-2238 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY RASNICK | | | Licensed and Certified Home Health Services |
| County | BURNET | Region | 07 | Date Licensed | 08/16/2013 | Owner Information |
| License # | 013472 | | | | | CAPITOL HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 9015 MOUNTAIN RIDGE DRIVE STE#210 |
| Medicare 1: | 74Q7581001 | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (830) 265-4209 | Fax | (830) 265-4213 | | | Services: |
| Type: | Branch Agency | Administrator | MELISSA ARNETTE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BURNET | Region | 07 | Date Licensed | 10/16/2006 | Owner Information |
| License # | 010942 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 679292 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (830) 693-2657 | Fax | (830) 693-4085 | | | Services: |
| Type: | Parent Agency | Administrator | MARY STEPHENS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BURNET | Region | 07 | Date Licensed | 12/09/1999 | Owner Information |
| License # | 007156 | | | | | GREATER HILL COUNTRY HOSPICE |
| Lic Expire | 06/30/2019 | | | | | P O BOX 835 |
| Medicare 1: | | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (800) 927-9965 | Fax | (830) 997-3547 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ANNETTE WATTERS | | | Hospice |
| County | BURNET | Region | 07 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018188 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 45Q7661004 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (830) 798-2989 | Fax | (830) 798-2660 | | | Services: |
| Type: | Branch Agency | Administrator | HEIDI TINCH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | BURNET | Region | 07 | Date Licensed | 02/20/2017 | Owner Information |
| License # | 017517 | | | | | ANGEL HEART HOSPICE LLC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 4060 |
| Medicare 1: | 671502 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (830) 693-4585 | Fax | (830) 693-4905 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ANDRES GONZALES | | | Hospice |
| County | BURNET | Region | 07 | Date Licensed | 01/23/2006 | Owner Information |
| License # | 007810 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 11/30/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (830) 693-1963 | Fax | (830) 693-6946 | | | Services: |
| Type: | Branch Agency | Administrator | EVELYN COOKE | | | Licensed Home Health Services, Personal Assistance Services |
| County | BURNET | Region | 07 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018353 | | | | | TEXAS HOME HEALTH GROUP OF MARBLE FALLS, LLC |
| Lic Expire | 07/31/2019 | | | | | 1100 MISSION HILLS DRIVE, SUITE 100 |
| Medicare 1: | 679520 | | | | | MARBLE FALLS, TX 78654 |
| Medicare 2: | | | | | | |
| Phone | (830) 798-8272 | Fax | (830) 798-7025 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE MORGAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | BURNET | Region | 07 | Date Licensed | 08/24/2004 | Owner Information |
| License # | 007742 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9120001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 798-8272 | Fax | (830) 798-1025 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VANESSA NUNNELLY | | | |
| County | BURNET | Region | 07 | Date Licensed | 07/11/2011 | Owner Information |
| License # | 014453 | | | | | MUG HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 815 LAKE AIR DRIVE |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 637-7118 | Fax | (830) 637-7116 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CRISTAL ANN REVEN | | | |
| County | CALHOUN | Region | 08 | Date Licensed | 08/23/2010 | Owner Information |
| License # | 013682 | | | | | CALHOUN HOME HEALTH, LLC |
| Lic Expire | 08/31/2018 | | | | | P. O BOX 7126 |
| Medicare 1: | 457762 | | | | | VICTORIA, TX 77903 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 649-4192 | Fax | (361) 564-2301 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BARRY WATSON | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/31/2016 | Owner Information |
| License # | 017716 | | | | | A BETTER CHOICE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 1725 BOCA CHICA BLVD SUITE E |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 554-9995 | Fax | (956) 554-9994 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NANCY BOTELLO | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/06/2012 | Owner Information |
| License # | 014979 | | | | | MARIA BARRERA |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4352 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78523 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 574-0596 | Fax | (956) 574-0086 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA TERESA BARRERA | | | |
| County | CAMERON | Region | 11 | Date Licensed | 05/30/1997 | Owner Information |
| License # | 005661 | | | | | ABUNDANT LIFE HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 45 FIRESIDE DRIVE |
| Medicare 1: | 747457 | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 544-7714 | Fax | (956) 544-1033 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FREDERICK GONZALES | | | |
| County | CAMERON | Region | 11 | Date Licensed | 09/14/2000 | Owner Information |
| License # | 007432 | | | | | ACCLAIM HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 3505 BOCA CHICA BLVD STE 203 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 986-0942 | Fax | (956) 986-0961 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROGELIO CAZARES | | | |
| County | CAMERON | Region | 11 | Date Licensed | 05/01/2001 | Owner Information |
| License # | 007610 | | | | | E L PANCIERA INC |
| Lic Expire | 04/30/2019 | | | | | 17 BOCA CHICA BLVD SUITE C |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 546-9444 | Fax | (956) 546-9477 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMIL LEE PANCIERA JR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------------|---------------|------------|-------------------------------------|
| County | CAMERON | Region | 11 | Date Licensed | 08/28/2003 | <u>Owner Information</u> |
| License # | 008620 | | | | | CLAUDIA I VALENCIA |
| Lic Expire | 08/31/2019 | | | | | 1875 TAXCO DR |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 541-3484 | Fax | (956) 541-3036 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CLAUDIA I VALENCIA | | | |
| County | CAMERON | Region | 11 | Date Licensed | 10/27/2004 | <u>Owner Information</u> |
| License # | 009377 | | | | | ALIVIO HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | 715 W JEFFERSON STREET |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 504-6779 | Fax | (956) 986-2624 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDWIN BYRON NEWTON | | | |
| County | CAMERON | Region | 11 | Date Licensed | 12/01/2009 | <u>Owner Information</u> |
| License # | 013021 | | | | | AMBIENTE ALEGRE HOME HEALTH |
| Lic Expire | 11/30/2019 | | | | | 347 RENTFRO BLVD |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 459-2073 | Fax | (956) 621-2884 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FERNANDO SALAZAR | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/01/2006 | <u>Owner Information</u> |
| License # | 010645 | | | | | AMIGO HEALTH SERVICES CORP |
| Lic Expire | 07/31/2018 | | | | | 2394 E PRICE RD |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 982-8500 | Fax | (956) 982-8501 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CELINA MARTINEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 12/16/1999 | <u>Owner Information</u> |
| License # | 007200 | | | | | AMOR HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 1150 EAST 13TH STREET OFFICE B |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 986-6030 | Fax | (956) 541-8445 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA GUADALUPE TORRE CONLEY | | | |
| County | CAMERON | Region | 11 | Date Licensed | 03/22/2007 | <u>Owner Information</u> |
| License # | 011177 | | | | | ANGELES GUARDIANES HOME HEALTH INC. |
| Lic Expire | 03/31/2018 | | | | | 355 WEST ELIZABETH ST SUITE 115 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 574-9423 | Fax | (956) 574-0155 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIO CAMPOS | | | |
| County | CAMERON | Region | 11 | Date Licensed | 06/30/1999 | <u>Owner Information</u> |
| License # | 007069 | | | | | ANGELES HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | | 1635 W SAN MARCELO BLVD |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 541-1975 | Fax | (956) 504-9091 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORA M GARZA | | | |
| County | CAMERON | Region | 11 | Date Licensed | 06/23/2015 | <u>Owner Information</u> |
| License # | 016872 | | | | | AQUARIO PRIMARY HOME CARE |
| Lic Expire | 06/30/2019 | | | | | 3116 EAST 14TH STREET |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 544-7730 | Fax | (956) 621-0700 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRENDA CANO SAN MARTIN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | CAMERON | Region | 11 | Date Licensed | 03/02/2005 | Owner Information |
| License # | 009611 | | | | | BEACON HARBOR HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 292 KINGS HIGHWAY SUITE 9 |
| Medicare 1: | 677897 | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 548-0016 | Fax | (956) 548-0024 | | | Services: |
| Type: | Parent Agency | Administrator | VELMA KARE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/23/2015 | Owner Information |
| License # | 016871 | | | | | ROSA ELIA MARTINEZ |
| Lic Expire | 06/30/2019 | | | | | 3116 E 14TH ST |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 546-1115 | Fax | (956) 546-1104 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA CANO | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/12/2016 | Owner Information |
| License # | 017782 | | | | | BUENAVIDA PRIMARY HOME CARE CORPORATION |
| Lic Expire | 12/31/2018 | | | | | 5301 ZAFIRO DR |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 204-4007 | Fax | (956) 545-0462 | | | Services: |
| Type: | Parent Agency | Administrator | MARY GARCIA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/01/1994 | Owner Information |
| License # | 003165 | | | | | CARING FOR YOU HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 6218 |
| Medicare 1: | 677594 | | | | | BROWNSVILLE, TX 78523 |
| Medicare 2: | | | | | | |
| Phone | (956) 546-1361 | Fax | (956) 542-3365 | | | Services: |
| Type: | Parent Agency | Administrator | NOEMI T TORRE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/31/2017 | Owner Information |
| License # | 018416 | | | | | CME HOMEMAKER SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | 7593 IRONWOOD AVENUE |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 466-8022 | Fax | (956) 504-9945 | | | Services: |
| Type: | Parent Agency | Administrator | HERLINDA VASQUEZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/25/2012 | Owner Information |
| License # | 014608 | | | | | COLIBRI HEALTH SERVICES LLC |
| Lic Expire | 01/31/2018 | | | | | 1474 W PRICE RD STE 2 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 545-9740 | Fax | (956) 504-2070 | | | Services: |
| Type: | Parent Agency | Administrator | HUGO ERICK SEGOVIANO | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/21/2013 | Owner Information |
| License # | 015820 | | | | | DELCO HEALTH CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 35 BUSINESS DRIVE SUITE A |
| Medicare 1: | 747941 | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 312-9530 | Fax | (956) 284-0759 | | | Services: |
| Type: | Parent Agency | Administrator | LILY E DELLOTA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/19/2014 | Owner Information |
| License # | 016165 | | | | | DREAM CARE LLC |
| Lic Expire | 02/28/2018 | | | | | 1725 BOCA CHICA BLVD SUITE B |
| Medicare 1: | 679503 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 548-2915 | Fax | (956) 548-2901 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY BOTELLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |

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|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | CAMERON | Region | 11 | Date Licensed | 10/24/2016 | <u>Owner Information</u> |
| License # | 017705 | | | | | EL BUEN CAMINO HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 305 CALLE AMISTOSA R202 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 621-1772 | Fax | (956) 621-1772 | | | Services: |
| Type: | Parent Agency | Administrator | LUIS MATEO PEREZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/19/2007 | <u>Owner Information</u> |
| License # | 010998 | | | | | DANIEL MARTINEZ JR |
| Lic Expire | 01/31/2019 | | | | | 524 E LOS EBANOS |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 504-9974 | Fax | (956) 504-9258 | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL MARTINEZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/06/2013 | <u>Owner Information</u> |
| License # | 015355 | | | | | EXECUTIVE HOME HEALTH LLC |
| Lic Expire | 02/28/2019 | | | | | 860 WEST PRICE ROAD |
| Medicare 1: | 747978 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 465-0557 | Fax | (956) 435-0085 | | | Services: |
| Type: | Parent Agency | Administrator | ELOY ROBLES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/21/2013 | <u>Owner Information</u> |
| License # | 015613 | | | | | DAZ & ASSOCIATES LLC |
| Lic Expire | 06/30/2019 | | | | | 5686 BUCKEYE CT. |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 350-2300 | Fax | (956) 350-2185 | | | Services: |
| Type: | Parent Agency | Administrator | ADRIANA ZAMORA | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/01/2014 | <u>Owner Information</u> |
| License # | 015968 | | | | | KIMBERLY MALDONADO |
| Lic Expire | 12/31/2019 | | | | | 4519 PAREDES LINE RD |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 589-6813 | Fax | (956) 554-7336 | | | Services: |
| Type: | Parent Agency | Administrator | MAYRA LIDIA RODRIGUEZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 08/25/2004 | <u>Owner Information</u> |
| License # | 009266 | | | | | HALO HOME HEALTH LLC |
| Lic Expire | 08/31/2017 | | | | | 1473 E. ALTON GLOOR SUITE D |
| Medicare 1: | 673104 | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 541-2449 | Fax | (956) 546-6163 | | | Services: |
| Type: | Parent Agency | Administrator | TAMMY RANGEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/01/2004 | <u>Owner Information</u> |
| License # | 009456 | | | | | INFINITY CARE PROVIDERS INC |
| Lic Expire | 11/30/2018 | | | | | 3505 BOCA CHICA |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 542-7232 | Fax | (956) 542-5993 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA RUIZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 05/18/1994 | <u>Owner Information</u> |
| License # | 002897 | | | | | TEMP CARE HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 950 E ALTON GLOOR BLVD |
| Medicare 1: | 458093 | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 541-4410 | Fax | (956) 541-4434 | | | Services: |
| Type: | Parent Agency | Administrator | CONRADO BALLI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 10/03/2016 | Owner Information |
| License # | 017662 | | | | | ISABEL TERESA RODRIGUEZ |
| Lic Expire | 10/31/2018 | | | | | 401 WINNIPEG AVENUE |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 639-9727 | Fax | (956) 435-0137 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ISABEL TERESA RODRIGUEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/31/2004 | Owner Information |
| License # | 009279 | | | | | JERICO HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 2815 CENTRAL BLVD SUITE D |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 546-7500 | Fax | (956) 546-3245 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEHU J. LEDEZMA | | | |
| County | CAMERON | Region | 11 | Date Licensed | 01/18/2012 | Owner Information |
| License # | 014592 | | | | | JOJEMAR HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 300 EAST NOLANA LOOP SUITE A-1 |
| Medicare 1: | 747799 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 621-1715 | Fax | (956) 621-1906 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PACIFICO MARAVILLAS | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/25/2011 | Owner Information |
| License # | 014304 | | | | | LAS JACARANDAS ASSISTED LIVING LLC |
| Lic Expire | 08/31/2019 | | | | | 1024 BELTHAIR STREET |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 550-0999 | Fax | (956) 550-0993 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABRAHAM M BARRIENTES | | | |
| County | CAMERON | Region | 11 | Date Licensed | 05/30/2002 | Owner Information |
| License # | 007958 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 05/31/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | 679166 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 504-9000 | Fax | (956) 504-9040 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARILYN JAN CAMPBELL | | | |
| County | CAMERON | Region | 11 | Date Licensed | 12/17/2015 | Owner Information |
| License # | 017186 | | | | | MEDICAL CHOICE HOME HEALTH LLC |
| Lic Expire | 12/31/2019 | | | | | 2604 CARLOS AVENUE |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 372-1742 | Fax | (956) 372-1748 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE G. VELA JR | | | |
| County | CAMERON | Region | 11 | Date Licensed | 03/31/2003 | Owner Information |
| License # | 008396 | | | | | AAA HEALTHWATCH INC |
| Lic Expire | 03/31/2019 | | | | | 871 OLD ALICE RD SUITE 100 |
| Medicare 1: | 679289 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 554-0006 | Fax | (956) 554-0007 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GEORGE CANO | | | |
| County | CAMERON | Region | 11 | Date Licensed | 09/18/2017 | Owner Information |
| License # | 018366 | | | | | MESQUITE HOME HEALTH LLC |
| Lic Expire | 09/30/2019 | | | | | 724 N SAM HOUSTON BLVD |
| Medicare 1: | 747425 | | | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 361-5558 | Fax | (956) 361-5559 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN RUVALCABA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 04/12/2016 | <u>Owner Information</u> |
| License # | 017350 | | | | | MIS ANGELES HEALTH SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | 1655 E. PRICE ROAD SUITE A |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 621-0599 | Fax | (956) 550-8183 | | | Services: |
| Type: | Parent Agency | Administrator | ARACELI CASTRO | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/26/2017 | <u>Owner Information</u> |
| License # | 018404 | | | | | MONTALVO HOME CARE COMPANY |
| Lic Expire | 10/31/2019 | | | | | 6604 GARDEN WOODS APT. B |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 621-1889 | Fax | (956) 621-1889 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA MONTALVO | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/17/2015 | <u>Owner Information</u> |
| License # | 016862 | | | | | MY SAFE HEAVEN CORPORATION |
| Lic Expire | 06/30/2019 | | | | | 3227 SOUTHMOST |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 542-3600 | Fax | (956) 542-3600 | | | Services: |
| Type: | Parent Agency | Administrator | VIOLA ESPARZA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/01/2016 | <u>Owner Information</u> |
| License # | 017763 | | | | | NCR HOME CARE SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 3744 MAGALI CIRCLE |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 554-9068 | Fax | (956) 554-9068 | | | Services: |
| Type: | Parent Agency | Administrator | NORA C ROSAS | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/08/2018 | <u>Owner Information</u> |
| License # | 018605 | | | | | NUESTRA CASA HOMECARE SERVICES LLC |
| Lic Expire | 02/29/2020 | | | | | 339 RANCHO VIEJO BLVD |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 904-5105 | Fax | (956) 904-5104 | | | Services: |
| Type: | Parent Agency | Administrator | DINORAH JOSEFINA MURILLO | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 04/28/2004 | <u>Owner Information</u> |
| License # | 009058 | | | | | PARA NINOS DEL VALLE PEDIATRIC HOME HEALTH PLLC |
| Lic Expire | 04/30/2019 | | | | | 1213 E ALTON GLOOR BLVD SUITE D |
| Medicare 1: | 453136 | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 542-9130 | Fax | (956) 542-9135 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLINA GONZALEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 05/09/2006 | <u>Owner Information</u> |
| License # | 010912 | | | | | PTL HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | 150 UPTOWN AVE |
| Medicare 1: | 677859 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 838-1801 | Fax | (956) 838-0170 | | | Services: |
| Type: | Parent Agency | Administrator | ROSAURA CANTU | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/11/2014 | <u>Owner Information</u> |
| License # | 016031 | | | | | PURE VIP HEALTH CARE LLC |
| Lic Expire | 02/28/2018 | | | | | 1873 APOLLO AVE. |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 203-8773 | Fax | (956) 443-0006 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE ANGEL PEREZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 08/15/2011 | Owner Information |
| License # | 014283 | | | | | R. GARCIA HEALTH SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 2115 BOCA CHICA BLVD SUITE C |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 465-5293 | Fax | (956) 504-0383 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD GARCIA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 04/08/1999 | Owner Information |
| License # | 006957 | | | | | S H A L O M HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 5567 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 504-9321 | Fax | (956) 504-9377 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA COLUNGA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 08/24/2009 | Owner Information |
| License # | 012803 | | | | | SAFEHAVEN HOSPICE |
| Lic Expire | 08/31/2019 | | | | | 2340 CENTRAL BLVD |
| Medicare 1: | 671641 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 504-2780 | Fax | (956) 544-2780 | | | Services: |
| Type: | Parent Agency | Administrator | SHUBHRA SHARMA | | | Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 10/26/2017 | Owner Information |
| License # | 018402 | | | | | SAN ANGEL PRIMARY HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 2214 EL CIELO ST |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 621-0556 | Fax | (956) 621-0556 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE DE LA O | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/09/1995 | Owner Information |
| License # | 004014 | | | | | SAN MARTIN HOME HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 700 PAREDES AVENUE SUITE 300 |
| Medicare 1: | 678233 | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 544-6385 | Fax | (956) 544-6536 | | | Services: |
| Type: | Parent Agency | Administrator | JUAN C FARIAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 07/23/2010 | Owner Information |
| License # | 013482 | | | | | SANTA FE PRIMARY HOME CARE SERVICES CORPORATION |
| Lic Expire | 07/31/2018 | | | | | 5910 HIDDEN HIDEWAY |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 550-9901 | Fax | (956) 550-8383 | | | Services: |
| Type: | Parent Agency | Administrator | ESTRELLA FRAIRE | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 09/05/2007 | Owner Information |
| License # | 011559 | | | | | SEASONS HOME HEALTH LLC |
| Lic Expire | 09/30/2019 | | | | | 5460 PAREDES LINE RD, STE. 205 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 621-0949 | Fax | (888) 844-4752 | | | Services: |
| Type: | Parent Agency | Administrator | MARINA GARCIA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/04/2012 | Owner Information |
| License # | 015115 | | | | | SINCERITY HEALTH SERVICES LLC |
| Lic Expire | 10/31/2018 | | | | | 6683 PINO AZUL DRIVE |
| Medicare 1: | 747908 | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 350-9707 | Fax | (956) 350-0667 | | | Services: |
| Type: | Parent Agency | Administrator | JAIME LOPEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | CAMERON | Region | 11 | Date Licensed | 12/01/2005 | Owner Information |
| License # | 010168 | | | | | STAT NURSING HOME HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 1301 E LOS EBANOS BLDG B |
| Medicare 1: | 743155 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 554-7828 | Fax | (956) 554-7829 | | | Services: |
| Type: | Parent Agency | Administrator | DORA L ZAVALA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 04/19/2002 | Owner Information |
| License # | 002231 | | | | | SUNGLO HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 3201 SOUTH EXPRESSWAY 83 |
| Medicare 1: | 67Q7238001 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 504-6000 | Fax | (956) 504-6044 | | | Services: |
| Type: | Branch Agency | Administrator | LINDA SALAZAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 04/04/2007 | Owner Information |
| License # | 011422 | | | | | SUPERIOR HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 45Q3115001 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (866) 971-0037 | Fax | (956) 971-0106 | | | Services: |
| Type: | Branch Agency | Administrator | BELINDA JO JUAREZ | | | Licensed and Certified Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/24/2011 | Owner Information |
| License # | 014183 | | | | | TESOROS DE LA FE HOME HEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 903 HONEYDALE ROAD |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 639-6540 | Fax | (956) 621-4312 | | | Services: |
| Type: | Parent Agency | Administrator | GRISELDA RENDON | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/29/2011 | Owner Information |
| License # | 014554 | | | | | TEXAS NURSE CARE HOME HEALTH AGENCY LLC |
| Lic Expire | 12/31/2019 | | | | | 1313 E ALTON GLOOR BLVD STE 1-2 |
| Medicare 1: | 747831 | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 621-3203 | Fax | (956) 621-3201 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA GUERRERO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 06/30/1999 | Owner Information |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 548-1067 | Fax | (956) 548-1508 | | | Services: |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/04/2017 | Owner Information |
| License # | 018357 | | | | | THE MEDICAL TEAM, INC. |
| Lic Expire | 10/31/2019 | | | | | 45 N.E. LOOP 410, SUITE #800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (956) 504-9000 | Fax | (956) 504-9040 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID MYERS | | | Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 04/24/2017 | Owner Information |
| License # | 018016 | | | | | TORRE HEALTH SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 2414 E. PRICE RD. STE. A-103 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 280-5458 | Fax | (956) 992-1092 | | | Services: |
| Type: | Parent Agency | Administrator | PRISCILLA TORRE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 10/24/2017 | Owner Information |
| License # | 018395 | | | | | TRIANGLE SPECIALIZED HEALTH CARE BUSINESS ENTERPRISE |
| Lic Expire | 10/31/2019 | | | | | 1013 CHAMPLAIN DR |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 561-1461 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | EFEHI H ENOBAKHARE | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/07/1997 | Owner Information |
| License # | 005268 | | | | | MARTHA LETICIA GARCIA |
| Lic Expire | 02/28/2019 | | | | | 1935 CORDOBA DRIVE |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 550-9001 | Fax | (956) 550-9042 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA LETICIA GARCIA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/10/2011 | Owner Information |
| License # | 014056 | | | | | VALLEY ANGELS HOME HEALTH LLC |
| Lic Expire | 01/31/2019 | | | | | 26 SOUTH CORIA STREET SUITE D |
| Medicare 1: | 673170 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 541-4400 | Fax | (956) 541-4924 | | | Services: |
| Type: | Parent Agency | Administrator | GRACIELA CHONG | | | Licensed and Certified Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 07/15/2006 | Owner Information |
| License # | 010693 | | | | | VALLEY CARE HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 435 PAREDES LINE RD SUITE B |
| Medicare 1: | 679181 | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 542-1987 | Fax | (956) 542-7123 | | | Services: |
| Type: | Parent Agency | Administrator | URANIA A SORIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/26/2006 | Owner Information |
| License # | 010261 | | | | | CAREWELL INC |
| Lic Expire | 01/31/2020 | | | | | 805 WEST PRICE ROAD STE B4 |
| Medicare 1: | 679781 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | |
| Phone | (956) 544-3234 | Fax | (956) 544-3274 | | | Services: |
| Type: | Parent Agency | Administrator | CHUTEI VARKEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/27/2012 | Owner Information |
| License # | 014661 | | | | | VOND KIDS LLC |
| Lic Expire | 02/28/2018 | | | | | 3505 BOCA CHICA BLVD SUITE 204 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 544-8300 | Fax | (956) 544-8301 | | | Services: |
| Type: | Parent Agency | Administrator | DANTE SANCHEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/17/2017 | Owner Information |
| License # | 017861 | | | | | WALK IN FAITH PHC LLC |
| Lic Expire | 01/31/2019 | | | | | 6604 CAROLINA PINE |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78526 |
| Medicare 2: | | | | | | |
| Phone | (956) 295-1993 | Fax | (844) 315-7635 | | | Services: |
| Type: | Parent Agency | Administrator | JOSIE RODRIGUEZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 04/12/2007 | Owner Information |
| License # | 011253 | | | | | ZADKIEL THE ANGEL HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | 3642 E 27TH STREET SUITE B |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78521 |
| Medicare 2: | | | | | | |
| Phone | (956) 541-3775 | Fax | (956) 542-3582 | | | Services: |
| Type: | Parent Agency | Administrator | VIOLA ESPARZA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 03/13/2006 | <u>Owner Information</u> |
| License # | 010343 | | | | | A & M NURSING SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | P O BOX 532890 |
| Medicare 1: | 679777 | | | | | HARLINGEN, TX 78553 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 421-3999 | Fax | (956) 421-3902 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY H FLORES | | | |
| County | CAMERON | Region | 11 | Date Licensed | 01/01/2016 | <u>Owner Information</u> |
| License # | 017264 | | | | | GUILLEN'S HOME CARE SERVICES CENTER, INC |
| Lic Expire | 12/31/2017 | | | | | 1709 S 77 SUNSHINE STRIP STE B |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 752-3716 | Fax | (956) 421-5970 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUIS GUILLEN | | | |
| County | CAMERON | Region | 11 | Date Licensed | 11/01/2014 | <u>Owner Information</u> |
| License # | 016535 | | | | | AGUA CRISTALINA HOME CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 105 E JACKSON SUITE C |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 793-4191 | Fax | (956) 230-8180 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NANCY ECHAVARRIA | | | |
| County | CAMERON | Region | 11 | Date Licensed | 05/22/2007 | <u>Owner Information</u> |
| License # | 011456 | | | | | SANTA CRUZ HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 2102 W TEEGE AVENUE |
| Medicare 1: | 673110 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 412-3337 | Fax | (956) 412-3338 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTONIO ALVIAR | | | |
| County | CAMERON | Region | 11 | Date Licensed | 05/05/2000 | <u>Owner Information</u> |
| License # | 007328 | | | | | ALL TEXAS HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | 302 E. TYLER AVENUE SUITE 2 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 425-2273 | Fax | (956) 425-2218 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA A WELLS | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/30/2016 | <u>Owner Information</u> |
| License # | 017602 | | | | | ANGELES DIVINOS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | 1724 ED CAREY DRIVE SUITE B |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 343-5151 | Fax | (956) 440-1287 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELSA NELLY BURKHOLDER | | | |
| County | CAMERON | Region | 11 | Date Licensed | 09/13/2011 | <u>Owner Information</u> |
| License # | 014397 | | | | | APC HOME HEALTH SERVICES |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | 457193 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 428-8301 | Fax | (956) 428-5291 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANDREW PAINTER | | | |
| County | CAMERON | Region | 11 | Date Licensed | 09/13/2011 | <u>Owner Information</u> |
| License # | 014398 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 428-7334 | Fax | (956) 428-3336 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOVIE CANTU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 10/13/1999 | Owner Information |
| License # | 007137 | | | | | ATHC PROVIDER SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 302 E TYLER # 2 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 425-2220 | Fax | (956) 425-2218 | | | Services: |
| Type: | Parent Agency | Administrator | LISA A WELLS | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 09/28/2015 | Owner Information |
| License # | 017151 | | | | | CARINOSA HEALTHCARE INC |
| Lic Expire | 09/30/2019 | | | | | 2809 S. EXPRESSWAY 83 SUITE F |
| Medicare 1: | 453108 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 664-9667 | Fax | (956) 664-2190 | | | Services: |
| Type: | Parent Agency | Administrator | MAURILIO GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/06/2012 | Owner Information |
| License # | 014843 | | | | | BLUE SKY PEDIATRIC HOME HEALTHCARE, LLC |
| Lic Expire | 06/30/2018 | | | | | 701 E. HARRISON AVENUE SUITE 200 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 365-3330 | Fax | (956) 365-3696 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH SIMMS | | | Licensed Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/17/2003 | Owner Information |
| License # | 008815 | | | | | CHRISTIAN QUALITY HOME HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 113 E PORTE COURT |
| Medicare 1: | 679438 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 425-9494 | Fax | (956) 425-9492 | | | Services: |
| Type: | Parent Agency | Administrator | CAZANDRA DELOS SANTOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/23/2017 | Owner Information |
| License # | 017930 | | | | | FIRST LIGHT PRIMARY HOME CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 23067 ROYAL PALM DRIVE |
| Medicare 1: | | | | | | HARLINGEN, TX 78552 |
| Medicare 2: | | | | | | |
| Phone | (956) 230-3892 | Fax | (956) 230-3892 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA DEL ROSARIO FERNANDEZ | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 08/15/2008 | Owner Information |
| License # | 012169 | | | | | GREATER VALLEY HOSPICE ALLIANCE LP |
| Lic Expire | 08/31/2018 | | | | | 605 MACO DRIVE |
| Medicare 1: | 671629 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 428-2386 | Fax | (956) 428-2541 | | | Services: |
| Type: | Parent Agency | Administrator | DANIELLE MARTINEZ | | | Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 01/12/2007 | Owner Information |
| License # | 010995 | | | | | HANDS OF ANGELS HOME HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | 1617 PALM VALLEY DRIVE EAST |
| Medicare 1: | | | | | | HARLINGEN, TX 78552 |
| Medicare 2: | | | | | | |
| Phone | (956) 423-5900 | Fax | (956) 440-1287 | | | Services: |
| Type: | Parent Agency | Administrator | ELSA NELLY BURKHOLDER | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 07/19/1994 | Owner Information |
| License # | 003014 | | | | | HARLINGEN ACUTE CARE INC |
| Lic Expire | 07/31/2019 | | | | | 8369 WEST BUSINESS 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78552 |
| Medicare 2: | | | | | | |
| Phone | (956) 412-2002 | Fax | (956) 412-2879 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA RUIZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 04/04/2001 | <u>Owner Information</u> |
| License # | 002164 | | | | | HEALTH CARE UNLIMITED INC |
| Lic Expire | 11/30/2018 | | | | | 1100 E LAUREL |
| Medicare 1: | 67Q7285002 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 428-7878 | Fax | (956) 428-8882 | | | Services: |
| Type: | Branch Agency | Administrator | JOSEPH RAMON III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/27/2003 | <u>Owner Information</u> |
| License # | 008530 | | | | | HOME HEALTH SOLUTIONS PLLC |
| Lic Expire | 06/30/2019 | | | | | 2810 N 77 SUNSHINE STRIP |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 425-8300 | Fax | (956) 425-8355 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA SOSA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 03/21/2014 | <u>Owner Information</u> |
| License # | 016105 | | | | | INNOVATIVE VALLEY HOME HEALTH LLC |
| Lic Expire | 03/31/2018 | | | | | 1510 S EXPRESSWAY 83 SUITE B |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 873-4483 | Fax | (956) 440-0856 | | | Services: |
| Type: | Parent Agency | Administrator | ELEYONZETTAH BONILLA | | | Licensed Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/28/2011 | <u>Owner Information</u> |
| License # | 013856 | | | | | BRADWELL DIVERSIFIED INC |
| Lic Expire | 01/31/2019 | | | | | 27043 BAKER POTTS |
| Medicare 1: | | | | | | HARLINGEN, TX 78552 |
| Medicare 2: | | | | | | |
| Phone | (956) 792-4542 | Fax | (956) 391-2825 | | | Services: |
| Type: | Parent Agency | Administrator | GRACIELA BRADWELL | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 07/31/2008 | <u>Owner Information</u> |
| License # | 012130 | | | | | ODYSSEY HEALTHCARE OF SOUTH TEXAS LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER ST SUITE 400 |
| Medicare 1: | 451667 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (956) 423-1101 | Fax | (956) 423-1318 | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA LASATER | | | Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 03/25/2003 | <u>Owner Information</u> |
| License # | 008379 | | | | | MIZPAH RESIDENTIAL CARE INC |
| Lic Expire | 03/31/2018 | | | | | 910 EAST GRIMES AVENUE |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 365-3646 | Fax | (956) 365-3651 | | | Services: |
| Type: | Parent Agency | Administrator | MINERVA RANGEL | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 11/19/2009 | <u>Owner Information</u> |
| License # | 013049 | | | | | LA GUADALUPANA PRIMARY HOME CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 338 N MONROE STREET |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 428-0147 | Fax | (956) 428-0651 | | | Services: |
| Type: | Branch Agency | Administrator | RICHARD GARZA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/14/2014 | <u>Owner Information</u> |
| License # | 015976 | | | | | JLW HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 21271 VISTA DRIVE |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 425-0606 | Fax | (956) 425-0620 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER S WHITE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 08/23/2000 | Owner Information |
| License # | 007400 | | | | | MEDIC HOME CARE INCORPORATED |
| Lic Expire | 08/31/2019 | | | | | 9001WEST BUSINESS 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78552 |
| Medicare 2: | | | | | | |
| Phone | (956) 423-5424 | Fax | (956) 423-0450 | | | Services: |
| Type: | Parent Agency | Administrator | VICENTA HADDAD | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 01/21/2015 | Owner Information |
| License # | 016693 | | | | | BEE CARING HOSPICE HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | P O BOX 1230 |
| Medicare 1: | 671696 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | |
| Phone | (956) 622-5055 | Fax | (956) 622-5056 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY W MCINNIS | | | Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 12/22/2004 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | 677922 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 423-1197 | Fax | (956) 440-1837 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 05/17/2016 | Owner Information |
| License # | 007510 | | | | | NATIONAL NURSING & REHAB INC |
| Lic Expire | 09/30/2018 | | | | | 5656 SOUTH STAPLES SUITE 210 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 225-3492 | Fax | (361) 225-3617 | | | Services: |
| Type: | Branch Agency | Administrator | PATRICIA DISHER | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/31/2001 | Owner Information |
| License # | 007908 | | | | | DIRECT PT INC |
| Lic Expire | 12/31/2018 | | | | | 85 NE LOOP SUITE 500 |
| Medicare 1: | 458318 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (956) 440-0551 | Fax | (956) 440-1942 | | | Services: |
| Type: | Parent Agency | Administrator | GREG MAZICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 08/25/2010 | Owner Information |
| License # | 007908 | | | | | DIRECT PT INC |
| Lic Expire | 12/31/2018 | | | | | 85 NE LOOP SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (956) 971-0004 | Fax | (956) 971-0005 | | | Services: |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 09/10/2014 | Owner Information |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (954) 440-0551 | Fax | (954) 440-1942 | | | Services: |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 05/18/2011 | Owner Information |
| License # | 015566 | | | | | NURSE PLACEMENT SERVICES |
| Lic Expire | 05/31/2019 | | | | | 1805 BELL ST |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 428-8301 | Fax | (956) 428-5291 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN M SAENZ | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|---|
| County | CAMERON | Region | 11 | Date Licensed | 09/23/1995 | Owner Information AMS A MEDICAL SERVICE INC PO BOX 338 MCALLEN, TX 78505 |
| License # | 002388 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 67Q7548001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 412-0888 | Fax | (956) 412-0890 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ANDY SANCHEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 04/05/1996 | Owner Information NURSES THAT CARE SITTER SERVICES INC PO BOX 52562 MCALLEN, TX 78501 |
| License # | 004672 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 364-2270 | Fax | (956) 412-5942 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ANDY SANCHEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 12/07/2005 | Owner Information SILVA VELAZQUEZ HEALTH GROUP INC 722 MORGAN BLVD SUITE R HARLINGEN, TX 78550 |
| License # | 010183 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | 679706 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 661-8800 | Fax | (956) 661-8801 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUBY CANTU | | | |
| County | CAMERON | Region | 11 | Date Licensed | 07/06/2017 | Owner Information PROTON PROVIDERS AT HOME, LLC 2325 E BOWIE AVE HARLINGEN, TX 78550 |
| License # | 018145 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 592-0153 | Fax | (956) 364-2615 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA MENDEZ-VILLARREAL | | | |
| County | CAMERON | Region | 11 | Date Licensed | 06/26/2017 | Owner Information RIO ASSISTIVE SERVICES LLC 15082 SHERWOOD WAY HARLINGEN, TX 78552 |
| License # | 018132 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 244-2573 | Fax | (956) 365-4665 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY J WAGGONER | | | |
| County | CAMERON | Region | 11 | Date Licensed | 01/21/1980 | Owner Information RIO GRANDE HOME HEALTH AGENCY INC 1713 E TYLER SUITE A HARLINGEN, TX 78550 |
| License # | 003055 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | 457089 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 423-7100 | Fax | (956) 423-7241 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIRLEY A BYRD | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/04/2010 | Owner Information SAINT BENEDICTS HOME HEALTH INC 424 E MAIN ROBSTOWN, TX 78380 |
| License # | 010616 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 364-2706 | Fax | (956) 364-2743 | | | Services: Personal Assistance Services |
| Type: | Branch Agency | Administrator | BRENDA RAMON | | | |
| County | CAMERON | Region | 11 | Date Licensed | 10/04/1993 | Owner Information SOUTH TEXAS NURSING CARE INC 509 WEST HARRISON HARLINGEN, TX 78550 |
| License # | 002649 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 423-7477 | Fax | (956) 423-7240 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH SAUCEDA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 05/02/1991 | Owner Information |
| License # | 002231 | | | | | SUNGLO HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 3201 SOUTH EXPRESSWAY 83 |
| Medicare 1: | 677238 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 423-6100 | Fax | (956) 365-3387 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA SALAZAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 06/01/2017 | Owner Information |
| License # | 014420 | | | | | SUPERIOR HOSPICE OF MCALLEN LLC |
| Lic Expire | 10/31/2019 | | | | | 8000 VANTAGE DR. |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | |
| Phone | (956) 878-1636 | Fax | (956) 878-1638 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BELINDA JUAREZ | | | Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 06/30/1999 | Owner Information |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 412-1401 | Fax | (956) 412-7952 | | | Services: |
| Type: | Parent Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 02/09/2010 | Owner Information |
| License # | 013090 | | | | | TRI-COUNTY KIDS CARE, LLC |
| Lic Expire | 02/29/2020 | | | | | 613 W SESAME DR |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 399-4500 | Fax | (956) 399-4505 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY FERNANDEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 11/10/2016 | Owner Information |
| License # | 017915 | | | | | UNIDOS PRIMARY HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 16770 PRIMERA ROAD |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 456-6422 | Fax | (866) 789-7010 | | | Services: |
| Type: | Parent Agency | Administrator | MARY ANN VILLAFANA | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/01/1998 | Owner Information |
| License # | 006851 | | | | | PARADIGM HEALTH MANAGEMENT CORPORATION |
| Lic Expire | 11/30/2019 | | | | | 2405 E HARRISON AVE |
| Medicare 1: | 459309 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 423-4747 | Fax | (956) 423-4167 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA JAMES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 05/19/1998 | Owner Information |
| License # | 006515 | | | | | RICARDO R ELIZARDE & LUZ R ELIZARDE |
| Lic Expire | 05/31/2018 | | | | | 609 WEST VAN BUREN |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 440-9605 | Fax | (956) 440-9612 | | | Services: |
| Type: | Parent Agency | Administrator | LUZ R ELIZARDE | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 12/06/1995 | Owner Information |
| License # | 004119 | | | | | VICKI ROY HOME HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 606 LELA STREET |
| Medicare 1: | 678165 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 412-7733 | Fax | (956) 412-8717 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN VICKI ROY | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|---|
| County | CAMERON | Region | 11 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008271 | | | | | VICKI ROY HOME HEALTH SERVICE LP |
| Lic Expire | 12/31/2019 | | | | | 606 LELA STREET STE B |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 412-9400 | Fax | (956) 412-9407 | | | Services: |
| Type: | Parent Agency | Administrator | SULEMA OLIVARES | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 03/03/2015 | <u>Owner Information</u> |
| License # | 016664 | | | | | AMABLE HOME CARE LLC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 432 |
| Medicare 1: | | | | | | SANTA ROSA, TX 78593 |
| Medicare 2: | | | | | | |
| Phone | (956) 277-0351 | Fax | (956) 277-0446 | | | Services: |
| Type: | Parent Agency | Administrator | AMY PONCE | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 10/17/2006 | <u>Owner Information</u> |
| License # | 010809 | | | | | FABIAN SILGUERO |
| Lic Expire | 10/31/2019 | | | | | 1600 E EXPRESSWAY 83 |
| Medicare 1: | 747168 | | | | | LA FERIA, TX 78559 |
| Medicare 2: | 741536 | | | | | |
| Phone | (956) 797-4290 | Fax | (956) 797-4287 | | | Services: |
| Type: | Parent Agency | Administrator | EMILY DOMINGUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | CAMERON | Region | 11 | Date Licensed | 07/23/2012 | <u>Owner Information</u> |
| License # | 014945 | | | | | HOME HEALTH CHECK LLC |
| Lic Expire | 07/31/2018 | | | | | 14693 PALIS DRIVE |
| Medicare 1: | 747911 | | | | | LA FERIA, TX 78559 |
| Medicare 2: | | | | | | |
| Phone | (956) 440-8703 | Fax | (956) 440-8190 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT VENTO | | | Licensed and Certified Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 07/22/2014 | <u>Owner Information</u> |
| License # | 016330 | | | | | LITTLE LIGHTHOUSE REHAB AT HOME LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 1955 |
| Medicare 1: | | | | | | LA FERIA, TX 78559 |
| Medicare 2: | | | | | | |
| Phone | (956) 797-2300 | Fax | (956) 797-0000 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD L PEREZ | | | Licensed Home Health Services |
| County | CAMERON | Region | 11 | Date Licensed | 11/22/2017 | <u>Owner Information</u> |
| License # | 018464 | | | | | PANDEVIDA LLC |
| Lic Expire | 11/30/2019 | | | | | 116 N MAIN ST STE 1 |
| Medicare 1: | | | | | | LA FERIA, TX 78559 |
| Medicare 2: | | | | | | |
| Phone | (956) 887-7014 | Fax | (956) 887-7015 | | | Services: |
| Type: | Parent Agency | Administrator | GABRIELA DELEON | | | Licensed Home Health Services, Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 11/27/2012 | <u>Owner Information</u> |
| License # | 015231 | | | | | AMAZING GRACE PRIMARY HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 212 N ARROYO BLVD |
| Medicare 1: | | | | | | LOS FRESNOS, TX 78566 |
| Medicare 2: | | | | | | |
| Phone | (956) 233-1718 | Fax | (866) 677-8911 | | | Services: |
| Type: | Parent Agency | Administrator | JAVIER CAVAZOS | | | Personal Assistance Services |
| County | CAMERON | Region | 11 | Date Licensed | 08/05/2015 | <u>Owner Information</u> |
| License # | 017119 | | | | | ELITE PHC CORPORATION |
| Lic Expire | 08/31/2019 | | | | | 220 E OCEAN BLVD |
| Medicare 1: | | | | | | LOS FRESNOS, TX 78566 |
| Medicare 2: | | | | | | |
| Phone | (956) 233-1202 | Fax | (956) 233-1175 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA BURNS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 09/09/2015 | <u>Owner Information</u> |
| License # | 014807 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 435-7638 | Fax | (956) 854-4338 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ROBERTO GONZALEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 07/12/2013 | <u>Owner Information</u> |
| License # | 015862 | | | | | MEDICAL CALLS HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 2815 CENTRAL BLVD SUITE C |
| Medicare 1: | 747445 | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 550-1100 | Fax | (956) 550-1135 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLINA LEDEZMA | | | |
| County | CAMERON | Region | 11 | Date Licensed | 07/30/1999 | <u>Owner Information</u> |
| License # | 007302 | | | | | TRINITY HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 1118 |
| Medicare 1: | 678034 | | | | | SANTA ROSA, TX 78593 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 361-3568 | Fax | (956) 350-4122 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LEAH C THEYS | | | |
| County | CAMERON | Region | 11 | Date Licensed | 09/11/2013 | <u>Owner Information</u> |
| License # | 006460 | | | | | ANGELITOS PRIMARY HOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 704 E GRIFFIN PKWY SUITE 110 |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 943-3000 | Fax | (956) 943-3002 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | SAN JUANITA E GUAJARDO | | | |
| County | CAMERON | Region | 11 | Date Licensed | 12/14/2011 | <u>Owner Information</u> |
| License # | 014526 | | | | | LONE STAR HOME HEALTH |
| Lic Expire | 12/31/2019 | | | | | 2815 CENTRAL BLVD. STE #D |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78520 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 203-3212 | Fax | (956) 550-8999 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DIANA L GONZALEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/11/2015 | <u>Owner Information</u> |
| License # | 016960 | | | | | PALOMA PRIMARY HOME CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 31 ALVARADO AVENUE |
| Medicare 1: | | | | | | RANCHO VIEJO, TX 78575 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 620-3248 | Fax | (956) 621-3067 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUAN H GONZALEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 05/18/2016 | <u>Owner Information</u> |
| License # | 017916 | | | | | PRIDE HOME CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 20534 NORTH SAM HOUSTON BLVD |
| Medicare 1: | | | | | | RIO HONDO, TX 78583 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 202-2470 | Fax | (866) 309-6722 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ERIC MAYBERRY | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/19/2016 | <u>Owner Information</u> |
| License # | 017586 | | | | | PRIDE HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 20534 NORTH SAM HOUSTON BLVD |
| Medicare 1: | | | | | | RIO HONDO, TX 78583 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 202-2470 | Fax | (866) 309-6722 | | | Hospice |
| Type: | Parent Agency | Administrator | ERIC MAYBERRY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------------------|---------------|------------|---|
| County | CAMERON | Region | 11 | Date Licensed | 03/03/2010 | Owner Information |
| License # | 013146 | | TRINIDAD PHC | | | IRAZEMA ROBERTS |
| Lic Expire | 03/31/2020 | | 102 E COLORADO | | | PO BOX 247 |
| Medicare 1: | | | RIO HONDO, TX 78583 | | | RIO HONDO, TX 78583 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 748-4711 | Fax | (956) 748-2667 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IRAZEMA ROBERTS | | | |
| County | CAMERON | Region | 11 | Date Licensed | 01/30/2006 | Owner Information |
| License # | 010266 | | BELIEVE IN US PRIMARY HOME CARE INC | | | BELIEVE IN US PRIMARY HOME CARE INC |
| Lic Expire | 01/31/2019 | | 2416 WEST BUSINESS HIGHWAY 77 | | | 2416 WEST BUSINESS HIGHWAY 77 |
| Medicare 1: | | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 399-1511 | Fax | (956) 399-1561 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | REBECCA VALDEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 03/31/2014 | Owner Information |
| License # | 016120 | | CONDE HOMECARE SERVICES LLC | | | CONDE HOMECARE SERVICES LLC |
| Lic Expire | 03/31/2018 | | 265 W ROBERTSON ST | | | 487 S. BOWIE STREET |
| Medicare 1: | | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 276-4317 | Fax | (210) 579-2756 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY ANN ZUNIGA (SALINAS) | | | |
| County | CAMERON | Region | 11 | Date Licensed | 02/18/1994 | Owner Information |
| License # | 002790 | | ELDERCARE HOME HEALTH II | | | ELDERCARE HOME HEALTH AND HOSPICE |
| Lic Expire | 02/28/2017 | | 1835 SOUTH SAM HOUSTON SUITE C | | | PO BOX 2036 |
| Medicare 1: | | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 399-9400 | Fax | (956) 399-3553 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REBECCA HERNANDEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 10/03/1990 | Owner Information |
| License # | 002159 | | HEART OF THE VALLEY HOSPICE | | | ELDERCARE HOME HEALTH AND HOSPICE |
| Lic Expire | 10/31/2017 | | 1835 S SAM HOUSTON SUITE D | | | PO BOX 2036 |
| Medicare 1: | 451545 | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 399-9400 | Fax | (956) 399-3553 | | | Hospice |
| Type: | Parent Agency | Administrator | REBECCA HERNANDEZ | | | |
| County | CAMERON | Region | 11 | Date Licensed | 08/06/2012 | Owner Information |
| License # | 014978 | | LEMON TREE HOME CARE LLC | | | LEMON TREE HOME CARE LLC |
| Lic Expire | 08/31/2018 | | 1600 S SAM HOUSTON | | | PO BOX 2185 |
| Medicare 1: | | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 923-5123 | Fax | (956) 284-0712 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE LIMON RUELAS | | | |
| County | CAMERON | Region | 11 | Date Licensed | 11/18/2008 | Owner Information |
| License # | 012307 | | RISING SUN HOME CARE INC | | | RISING SUN HOME CARE INC |
| Lic Expire | 11/30/2018 | | 33777 FM 732 | | | 33777 FM 732 |
| Medicare 1: | | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 399-2300 | Fax | (956) 399-1960 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA GRIMALDO | | | |
| County | CAMERON | Region | 11 | Date Licensed | 07/12/2006 | Owner Information |
| License # | 010603 | | STAY HEALTHY HOMECARE INC | | | STAY HEALTHY HOMECARE INC |
| Lic Expire | 07/31/2018 | | 1835 S SAM HOUSTON BLVD | | | POST OFFICE BOX 1560 |
| Medicare 1: | 747078 | | SAN BENITO, TX 78586 | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 361-4407 | Fax | (956) 361-4451 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SABRINA H LARA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | CAMERON | Region | 11 | Date Licensed | 07/23/2010 | Owner Information |
| License # | 013481 | | | | | SONRISA HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 1052 |
| Medicare 1: | 747779 | | | | | SANTA ROSA, TX 78593 |
| Medicare 2: | | | | | | |
| Phone | (956) 412-1870 | Fax | (956) 412-0773 | | | Services: |
| Type: | Parent Agency | Administrator | EDWARD RIPPISTINE III | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | CAMP | Region | 04 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010659 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 04/30/2018 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 677037 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 856-6554 | Fax | (903) 856-0084 | | | Services: |
| Type: | Parent Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CAMP | Region | 04 | Date Licensed | 03/19/2014 | Owner Information |
| License # | 016257 | | | | | PREMIER HOME CARE INC |
| Lic Expire | 03/31/2018 | | | | | 132 JEFFERSON ST |
| Medicare 1: | 679696 | | | | | PITTSBURG, TX 75686 |
| Medicare 2: | | | | | | |
| Phone | (888) 763-3274 | Fax | (877) 667-0881 | | | Services: |
| Type: | Parent Agency | Administrator | CORINA WALLACE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | CASS | Region | 04 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018432 | | | | | LHCG CXI, LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 457736 | | | | | LAFAYETTE, TX 70505 |
| Medicare 2: | | | | | | |
| Phone | (903) 799-3100 | Fax | (903) 796-1160 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL HERRING | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | CASS | Region | 04 | Date Licensed | 10/13/2017 | Owner Information |
| License # | 018375 | | | | | HERITAGE HOSPICE OF TEXARKANA LLC |
| Lic Expire | 10/31/2019 | | | | | 4605 TEXAS BLVD |
| Medicare 1: | | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | |
| Phone | (903) 796-7736 | Fax | (903) 796-7738 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JEFF ESTES | | | Hospice |
| County | CASS | Region | 04 | Date Licensed | 10/06/2004 | Owner Information |
| License # | 009349 | | | | | KELTON HOME HEALTH CARE INC |
| Lic Expire | 10/31/2019 | | | | | 301 WEST MAIN STREET |
| Medicare 1: | 673148 | | | | | ATLANTA, TX 75551 |
| Medicare 2: | | | | | | |
| Phone | (903) 796-4040 | Fax | (903) 796-4043 | | | Services: |
| Type: | Parent Agency | Administrator | RYON S KELTON | | | Licensed and Certified Home Health Services |
| County | CASS | Region | 04 | Date Licensed | 04/23/2013 | Owner Information |
| License # | 015636 | | | | | HUGHES SPRINGS ADVANTAGECARE HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 552 |
| Medicare 1: | 679741 | | | | | HUGHES SPRINGS, TX 75656 |
| Medicare 2: | | | | | | |
| Phone | (903) 639-1011 | Fax | (903) 639-1012 | | | Services: |
| Type: | Parent Agency | Administrator | TERRY WIMBERLY | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | CHAMBERS | Region | 06 | Date Licensed | 04/10/2014 | Owner Information |
| License # | 016431 | | | | | INNOVATIVE HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | P O BOX 530 |
| Medicare 1: | 677914 | | | | | ANAHUAC, TX 77514 |
| Medicare 2: | | | | | | |
| Phone | (409) 267-6194 | Fax | (409) 299-3440 | | | Services: |
| Type: | Parent Agency | Administrator | MELIZA B CHAVEZ | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | CHEROKEE | Region | 04 | Date Licensed | 01/10/2006 | Owner Information |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 67Q7545007 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 589-0020 | Fax | (903) 589-6898 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KERRI L GRIFFIN | | | |
| County | CHEROKEE | Region | 04 | Date Licensed | 09/07/2004 | Owner Information |
| License # | 009294 | | | | | HEALTH CONCEPTS HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 1623 S JACKSON |
| Medicare 1: | 673120 | | | | | JACKSONVILLE, TX 75766 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 586-8847 | Fax | (903) 586-8865 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GEORGE ANN WALKER | | | |
| County | CHEROKEE | Region | 04 | Date Licensed | 10/29/2002 | Owner Information |
| License # | 007296 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 02/28/2019 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 67Q7586004 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 683-5499 | Fax | (903) 675-8832 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | CURT SMITH | | | |
| County | CHILDRESS | Region | 01 | Date Licensed | 07/13/1983 | Owner Information |
| License # | 003085 | | | | | CHILDRESS COUNTY HOSPITAL DISTRICT |
| Lic Expire | 07/31/2018 | | | | | PO BOX 1030 |
| Medicare 1: | 457489 | | | | | CHILDRESS, TX 79201 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 937-2500 | Fax | (940) 937-9626 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | HOLLY D HOLCOMB | | | |
| County | CHILDRESS | Region | 01 | Date Licensed | 06/14/1996 | Owner Information |
| License # | 004642 | | | | | CHILDRESS COUNTY HOSPITAL DISTRICT |
| Lic Expire | 06/30/2019 | | | | | PO BOX 1030 |
| Medicare 1: | 451658 | | | | | CHILDRESS, TX 79201 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 937-2500 | Fax | (940) 937-9626 | | | Hospice |
| Type: | Parent Agency | Administrator | HOLLY HOLCOMB | | | |
| County | CLAY | Region | 02 | Date Licensed | 06/29/1990 | Owner Information |
| License # | 002151 | | | | | COUNTY OF CLAY CLAY COUNTY MEMORIAL HOSPITAL |
| Lic Expire | 06/30/2018 | | | | | 310 WEST SOUTH STREET |
| Medicare 1: | 677277 | | | | | HENRIETTA, TX 76365 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 538-5621 | Fax | (940) 235-1280 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DIANA MARTIN | | | |
| County | COLEMAN | Region | 02 | Date Licensed | 03/01/2010 | Owner Information |
| License # | 013273 | | | | | CMS HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 14 |
| Medicare 1: | 67Q7177001 | | | | | BROWNWOOD, TX 76804 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 625-2186 | Fax | (325) 625-3397 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ELISHIA E CALLIHAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | COLEMAN | Region | 02 | Date Licensed | 01/08/2014 | Owner Information |
| License # | 015960 | | | | | COLEMAN HOME HEALTH AND HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | 406 WEST ELM STREET |
| Medicare 1: | 747956 | | | | | COLEMAN, TX 76834 |
| Medicare 2: | 741691 | | | | | |
| Phone | (325) 625-3222 | Fax | (325) 625-2333 | | | Services: |
| Type: | Parent Agency | Administrator | AMBER TITSWORTH | | | Licensed and Certified Home Health Services, Hospice |
| County | COLEMAN | Region | 02 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 010716 | | | | | ENCOMPASS OF WEST TEXAS LP |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q9184006 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (325) 625-5558 | Fax | (325) 625-1563 | | | Services: |
| Type: | Branch Agency | Administrator | KIM TRAWICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/25/1994 | Owner Information |
| License # | 002860 | | | | | ADDITIONAL KARE FOR KIDS INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 860847 |
| Medicare 1: | 458160 | | | | | PLANO, TX 75086 |
| Medicare 2: | | | | | | |
| Phone | (972) 633-5273 | Fax | (214) 383-7554 | | | Services: |
| Type: | Parent Agency | Administrator | BRADLEY GRAY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/08/2007 | Owner Information |
| License # | 011508 | | | | | ASSURASOURCE LTD |
| Lic Expire | 08/31/2019 | | | | | 100 ALLENTOWN PARKWAY, SUITE 206 |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (469) 310-2992 | Fax | (972) 233-1099 | | | Services: |
| Type: | Parent Agency | Administrator | JANET HOUSTON | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/21/2005 | Owner Information |
| License # | 009826 | | | | | BLEDKOB HOME HEALTH AGENCY INC |
| Lic Expire | 06/30/2019 | | | | | 1314 WINECUP COURT |
| Medicare 1: | 677944 | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (214) 547-0736 | Fax | (214) 383-0241 | | | Services: |
| Type: | Parent Agency | Administrator | BLESSING OGIDI | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 02/14/2013 | Owner Information |
| License # | 015606 | | | | | CRISKEL HOME HEALTH, INC. |
| Lic Expire | 02/28/2019 | | | | | 1221 ABRAMS ROAD, SUITE #105 |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 660-9382 | Fax | (214) 660-3727 | | | Services: |
| Type: | Parent Agency | Administrator | KELECHI OGBUEHI | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 10/21/2016 | Owner Information |
| License # | 017694 | | | | | CRYSTAL COMFORT HOME CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 1612 CLARKE SPRINGS DR |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (972) 646-1075 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | DORIS C. GHOGOMU | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/20/2017 | Owner Information |
| License # | 017958 | | | | | DEGUARDIAN HEALTH AGENCY INC |
| Lic Expire | 01/31/2019 | | | | | 751 EAGLE LAKE CT |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (469) 688-3631 | Fax | (469) 656-9128 | | | Services: |
| Type: | Parent Agency | Administrator | IFEOMA NWOKOCHA | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 07/01/2015 | Owner Information |
| License # | 016948 | | | | | TEXAS SENIOR CARE LP |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 677952 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (972) 529-4340 | Fax | (972) 529-4335 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE MIRKOVIC | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/01/2004 | Owner Information |
| License # | 009527 | | | | | TEXAS SENIOR CARE LP |
| Lic Expire | 11/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 457789 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (972) 529-4340 | Fax | (972) 529-4335 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE MIRKOVIC | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 02/25/2009 | Owner Information |
| License # | 012466 | | | | | GLAD HOME HEALTH CARE |
| Lic Expire | 02/28/2019 | | | | | 600 HANOVER DRIVE |
| Medicare 1: | 747656 | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (214) 383-5815 | Fax | (214) 495-0337 | | | Services: |
| Type: | Parent Agency | Administrator | GLADYS E TAMBONG | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/01/2012 | Owner Information |
| License # | 015167 | | | | | HARBOR HOSPICE OF EAST DALLAS-FORT WORTH,LP |
| Lic Expire | 10/31/2018 | | | | | 3406 COLLEGE STREET, SUITE #200 |
| Medicare 1: | 741663 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (972) 649-8912 | Fax | (972) 649-8915 | | | Services: |
| Type: | Parent Agency | Administrator | KERRI BERRY | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 11/01/2012 | Owner Information |
| License # | 015169 | | | | | HARBOR HOSPICE OF NORTH DALLAS-FORT WORTH, LP |
| Lic Expire | 10/31/2018 | | | | | PO BOX 12686 |
| Medicare 1: | 741550 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (972) 649-8912 | Fax | (972) 649-8915 | | | Services: |
| Type: | Parent Agency | Administrator | KERRI BERRY | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 08/24/2016 | Owner Information |
| License # | 017593 | | | | | TEP PRODUCTIONS INC |
| Lic Expire | 08/31/2018 | | | | | 4265 CHEVY CHASE LANE |
| Medicare 1: | | | | | | FRISCO, TX 75033 |
| Medicare 2: | | | | | | |
| Phone | (972) 548-0392 | Fax | (972) 782-4664 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON PRINCIOTTO | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017182 | | | | | BUTLER-WHATLEY ENTERPRISES INC |
| Lic Expire | 12/31/2019 | | | | | 1333 WEST MCDERMOTT DR SUITE 200 |
| Medicare 1: | | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (469) 519-1014 | Fax | (469) 519-1009 | | | Services: |
| Type: | Parent Agency | Administrator | STEVE L WHATLEY | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/13/2016 | Owner Information |
| License # | 017719 | | | | | LOVING HEALTH CARE SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 820 IDLEWOOD DRIVE |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (972) 752-3214 | Fax | (972) 924-5713 | | | Services: |
| Type: | Parent Agency | Administrator | CONSTANCE NAMBUH | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 01/31/2005 | <u>Owner Information</u> |
| License # | 009562 | | | | | MAM UNIQUE HEALTH SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 424 ST ANDREWS DRIVE |
| Medicare 1: | 747283 | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (972) 678-1410 | Fax | (972) 678-1295 | | | Services: |
| Type: | Parent Agency | Administrator | MARIANA A MBAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/22/2016 | <u>Owner Information</u> |
| License # | 017664 | | | | | MERIDIAN HEALTH SERVICES, LLC |
| Lic Expire | 09/30/2018 | | | | | 1408 BRIDLE TRAIL |
| Medicare 1: | 679250 | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (214) 491-1777 | Fax | (469) 453-3338 | | | Services: |
| Type: | Parent Agency | Administrator | BENECIA M. HERNANDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/01/2005 | <u>Owner Information</u> |
| License # | 010294 | | | | | PRESTIGE-PLUS HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 1101 RAINTREE CIRCLE SUITE # 210 |
| Medicare 1: | 679371 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (972) 747-0821 | Fax | (972) 747-9215 | | | Services: |
| Type: | Parent Agency | Administrator | CHINYERE OKONKWO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/09/2009 | <u>Owner Information</u> |
| License # | 012696 | | | | | PRINCEWILL HEALTHCARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 974 SHADDOCK PARK LANE |
| Medicare 1: | 747490 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (972) 727-0784 | Fax | (972) 727-0792 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA OGBOGU-NWANKWO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/17/2017 | <u>Owner Information</u> |
| License # | 018496 | | | | | RELIANT AT HOME CONCIERGE CARE |
| Lic Expire | 08/31/2019 | | | | | 1101 RAINTREE CIRCLE SUITE 180 |
| Medicare 1: | | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (972) 390-7699 | Fax | (972) 390-7738 | | | Services: |
| Type: | Parent Agency | Administrator | LANELL BOAZ | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/17/2017 | <u>Owner Information</u> |
| License # | 018474 | | | | | BLUE HAVEN HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 1101 RAINTREE CIRCLE, SUITE #220 |
| Medicare 1: | 741594 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (972) 390-7699 | Fax | (972) 390-7738 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER BROADWAY | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 05/02/2005 | <u>Owner Information</u> |
| License # | 009760 | | | | | HOME CARE PATIENT SERVICES, LLC |
| Lic Expire | 05/31/2019 | | | | | 1101 RAINTREE CIRCLE SUITE 180 |
| Medicare 1: | 679352 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (972) 390-7733 | Fax | (972) 390-7738 | | | Services: |
| Type: | Parent Agency | Administrator | LANELL BOAZ | | | Licensed and Certified Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 10/17/2014 | <u>Owner Information</u> |
| License # | 016487 | | | | | SIMONITE INC |
| Lic Expire | 10/31/2018 | | | | | 3 EARLS CT |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (972) 390-7579 | Fax | (972) 390-1203 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI SIMON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 11/15/2016 | <u>Owner Information</u> |
| License # | 017938 | | | | | ACTIVE HOME CARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 246 N HIGHWAY 377 SUITE A |
| Medicare 1: | 67Q9106001 | | | | | PILOT POINT, TX 76258 |
| Medicare 2: | | | | | | |
| Phone | (972) 382-2017 | Fax | (972) 382-2017 | | | Services: |
| Type: | Branch Agency | Administrator | STEPHEN CIULLA | | | Licensed and Certified Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 03/03/2014 | <u>Owner Information</u> |
| License # | 016057 | | | | | ALL ABOUT YOU PAS, LLC |
| Lic Expire | 03/31/2020 | | | | | P O BOX 1492 |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (972) 382-1111 | Fax | (972) 382-1114 | | | Services: |
| Type: | Parent Agency | Administrator | AARON BURKETT | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/23/2016 | <u>Owner Information</u> |
| License # | 017650 | | | | | PROMINENT HOMECARE SOLUTIONS LLC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 1385 |
| Medicare 1: | | | | | | CELINA, TX 75009 |
| Medicare 2: | | | | | | |
| Phone | (214) 935-8866 | Fax | (214) 935-8868 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE COLE | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/10/2011 | <u>Owner Information</u> |
| License # | 014469 | | | | | A NEWDAY HOMEHEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 17822 DAVENPORT, SUITE B |
| Medicare 1: | 747804 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (469) 547-5310 | Fax | (469) 424-2875 | | | Services: |
| Type: | Parent Agency | Administrator | JJJI ROSE THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/25/2008 | <u>Owner Information</u> |
| License # | 011975 | | | | | VINAYAKA ASSOCIATES LLC |
| Lic Expire | 04/30/2018 | | | | | 17822 DAVENPORT ROAD SUITE D |
| Medicare 1: | 747089 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 386-7744 | Fax | (972) 386-7747 | | | Services: |
| Type: | Parent Agency | Administrator | REMANI B KUMAR | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/27/2009 | <u>Owner Information</u> |
| License # | 012412 | | | | | AAA HOME HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 17822 DAVENPORT ROAD SUITE D |
| Medicare 1: | 747452 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (214) 501-6675 | Fax | (214) 540-6627 | | | Services: |
| Type: | Parent Agency | Administrator | SATHYAJITH A NAIR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/14/2014 | <u>Owner Information</u> |
| License # | 015973 | | | | | ACCORDPHC |
| Lic Expire | 01/31/2020 | | | | | 17400 N. DALLAS PARKWAY, SUITE 240 |
| Medicare 1: | 741528 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (972) 750-0642 | Fax | (800) 861-7750 | | | Services: |
| Type: | Parent Agency | Administrator | NATALIE SPENCER | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 12/03/2013 | <u>Owner Information</u> |
| License # | 016395 | | | | | MARTIN GRAHAM ENTERPRISES LLC |
| Lic Expire | 12/31/2019 | | | | | 17826 DAVENPORT ROAD, SUITE A |
| Medicare 1: | 679517 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 838-9200 | Fax | (972) 838-9204 | | | Services: |
| Type: | Parent Agency | Administrator | SURESH KUMAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 05/28/2015 | <u>Owner Information</u> |
| License # | 016998 | | | | | PRECIOUS HEALTH CORP |
| Lic Expire | 05/31/2019 | | | | | 12225 GREENVILLE AVE SUITE #480 |
| Medicare 1: | 679425 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 349-5973 | Fax | (866) 776-8470 | | | Services: |
| Type: | Parent Agency | Administrator | SHIBU SAMUEL | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/26/2004 | <u>Owner Information</u> |
| License # | 009047 | | | | | ROMS GROUP INC |
| Lic Expire | 04/30/2018 | | | | | 17822 DAVENPORT STE B |
| Medicare 1: | 673142 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 910-8898 | Fax | (972) 910-9680 | | | Services: |
| Type: | Parent Agency | Administrator | OMANA NAIR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/04/2000 | <u>Owner Information</u> |
| License # | 007381 | | | | | ATLAS HOME HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 17950 PRESTON ROAD SUITE 430 |
| Medicare 1: | 679004 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 247-7500 | Fax | (214) 247-8811 | | | Services: |
| Type: | Parent Agency | Administrator | RADHA NAIR | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/19/2009 | <u>Owner Information</u> |
| License # | 013013 | | | | | CENTRUM HEALTH CARE SERVICE INC |
| Lic Expire | 11/30/2019 | | | | | 3012 S WELDON LANE |
| Medicare 1: | 747398 | | | | | ROYSE CITY, TX 75189 |
| Medicare 2: | | | | | | |
| Phone | (214) 909-1815 | Fax | (972) 852-1185 | | | Services: |
| Type: | Parent Agency | Administrator | PRINU THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/10/2015 | <u>Owner Information</u> |
| License # | 017061 | | | | | CHOSEN HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 17290 PRESTON ROAD STE 210D |
| Medicare 1: | 747717 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 590-0237 | Fax | (972) 584-6073 | | | Services: |
| Type: | Parent Agency | Administrator | BEENA KURUP | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 03/28/2012 | <u>Owner Information</u> |
| License # | 015029 | | | | | EPIC PEDIATRIC THERAPY |
| Lic Expire | 03/31/2018 | | | | | 17480 NORTH DALLAS PARKWAY SUITE 221 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (214) 623-5900 | Fax | (214) 623-5901 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT DENNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 10/21/2014 | <u>Owner Information</u> |
| License # | 016795 | | | | | EXCEL PLUS HOME HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 17822 DAVENPORT RD STE D |
| Medicare 1: | 677847 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (469) 547-5311 | Fax | (214) 367-5887 | | | Services: |
| Type: | Parent Agency | Administrator | REMANI KUMAR | | | Licensed and Certified Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/01/2017 | <u>Owner Information</u> |
| License # | 018293 | | | | | EXTRAORDINARY HOMECARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 3939 BRIARGROVE LN APT 2103 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (800) 401-2973 | Fax | (809) 655-5100 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET LAVAL | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | COLLIN | Region | 03 | Date Licensed | 01/23/2013 | <u>Owner Information</u> |
| License # | 015445 | | | | | HCA ALPHA INC |
| Lic Expire | 01/31/2019 | | | | | 8330 LBJ FREEWAY SUITE 710 |
| Medicare 1: | 747244 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 812-0901 | Fax | (972) 812-0902 | | | Services: |
| Type: | Parent Agency | Administrator | SATHYAJITH NAIR | | | Licensed and Certified Home Health Services, Licensed Home Health Services with Dialysis, Personal Assistance Services, Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 02/23/1996 | <u>Owner Information</u> |
| License # | 004312 | | | | | GOODWIN HOME HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 17822 DAVENPORT RD SUITE D |
| Medicare 1: | 678308 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (214) 342-1119 | Fax | (214) 342-1580 | | | Services: |
| Type: | Parent Agency | Administrator | FARZANA KHAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/23/2014 | <u>Owner Information</u> |
| License # | 016334 | | | | | CARROTS AND RICE LLC |
| Lic Expire | 07/31/2018 | | | | | 17290 PRESTON ROAD SUITE 210-C |
| Medicare 1: | | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 590-0238 | Fax | (214) 272-2401 | | | Services: |
| Type: | Parent Agency | Administrator | CHARENE CROSBY | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/15/2011 | <u>Owner Information</u> |
| License # | 014533 | | | | | HERITAGE KEEPERS LLC |
| Lic Expire | 12/31/2019 | | | | | 6505 W PARK BLVD #306284 |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (214) 432-5451 | Fax | (888) 811-8916 | | | Services: |
| Type: | Parent Agency | Administrator | MARY KASINGER | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 02/25/2009 | <u>Owner Information</u> |
| License # | 012467 | | | | | MARCUS T ORLOWSKI |
| Lic Expire | 02/28/2019 | | | | | 17430 CAMPBELL ROAD #112 |
| Medicare 1: | 747267 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (214) 628-9047 | Fax | (214) 628-9049 | | | Services: |
| Type: | Parent Agency | Administrator | MARCUS T ORLOWSKI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/13/2007 | <u>Owner Information</u> |
| License # | 011581 | | | | | HIGHLAND SPRINGS HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 8000 FRANKFORD ROAD |
| Medicare 1: | | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 232-8086 | Fax | (972) 232-8103 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE ANDERSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 03/23/2015 | <u>Owner Information</u> |
| License # | 016696 | | | | | IMPLANTED PUMP MANAGEMENT LLC |
| Lic Expire | 03/31/2019 | | | | | 1401 VALLEY ROAD |
| Medicare 1: | | | | | | WAYNE, NJ 07470 |
| Medicare 2: | | | | | | |
| Phone | (201) 475-9635 | Fax | (973) 706-8009 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA HESS | | | Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/03/2014 | <u>Owner Information</u> |
| License # | 016131 | | | | | INNOVATIVE HOSPICE LLC |
| Lic Expire | 04/30/2016 | | | | | 17950 PRESTON ROAD SUITE 475 |
| Medicare 1: | | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 290-0041 | Fax | (972) 408-3457 | | | Services: |
| Type: | Parent Agency | Administrator | MANMADHAN NAIR | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 05/22/2009 | Owner Information |
| License # | 012616 | | | | | HOME HEALTH CARE PLUS INC |
| Lic Expire | 05/31/2019 | | | | | 2629 SERENITY CT |
| Medicare 1: | 747405 | | | | | CARROLLTON, TX 75010 |
| Medicare 2: | | | | | | |
| Phone | (214) 746-7300 | Fax | (214) 746-7301 | | | Services: |
| Type: | Parent Agency | Administrator | REMANI KUMAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/30/2010 | Owner Information |
| License # | 014070 | | | | | NYS HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | 17754 PRESTON RD SUITE 200 |
| Medicare 1: | 677822 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 934-7060 | Fax | (214) 575-2777 | | | Services: |
| Type: | Parent Agency | Administrator | ZAUR GASANOV | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/16/2014 | Owner Information |
| License # | 016313 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 07/31/2018 | | | | | 7800 N STEMMONS FREEWAY #370 |
| Medicare 1: | | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (214) 347-4611 | Fax | (214) 206-9314 | | | Services: |
| Type: | Parent Agency | Administrator | TOBY PRICE | | | Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/29/2017 | Owner Information |
| License # | 018473 | | | | | S J LARRY PROPERTIES LLC |
| Lic Expire | 11/30/2019 | | | | | 17740 PRESTON ROAD SUITE 200D |
| Medicare 1: | | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (214) 200-5267 | Fax | (972) 930-0525 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHEN LARRY | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/28/2017 | Owner Information |
| License # | 018379 | | | | | RUBY HOME HEALTH CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 17950 PRESTON ROAD SUITE 440 |
| Medicare 1: | 747857 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (214) 708-0420 | Fax | (214) 594-8428 | | | Services: |
| Type: | Parent Agency | Administrator | DAMINI P SINGH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/27/2012 | Owner Information |
| License # | 014922 | | | | | VICTORY FIVE HEALTHCARE INC |
| Lic Expire | 01/31/2020 | | | | | 17822 DAVENPORT ROAD SUITE #A |
| Medicare 1: | 747049 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 258-0527 | Fax | (972) 258-0525 | | | Services: |
| Type: | Parent Agency | Administrator | ASHRUF ALI KHAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/13/2016 | Owner Information |
| License # | 017516 | | | | | MUTTAQI ENTERPRISE INC |
| Lic Expire | 07/31/2018 | | | | | 3683 WHITNEY DRIVE |
| Medicare 1: | | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | |
| Phone | (972) 265-9645 | Fax | (972) 576-7342 | | | Services: |
| Type: | Parent Agency | Administrator | HAMID ABBASI | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/01/2016 | Owner Information |
| License # | 017761 | | | | | DJ HOME CARE, INC. |
| Lic Expire | 11/30/2018 | | | | | 9300 JOHN HICKMAN PKWY BLDG 2 SUITE #205B |
| Medicare 1: | 677928 | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | |
| Phone | (214) 618-1396 | Fax | (214) 618-1397 | | | Services: |
| Type: | Parent Agency | Administrator | KIRAN KUMAR GALI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 10/01/2017 | Owner Information |
| License # | 018569 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 09/30/2019 | | | | | 4800 W 57TH ST |
| Medicare 1: | 67Q7843001 | | | | | SIOUX FALLS, SD |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 860-9937 | Fax | (877) 763-5818 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | VICTORIA KAVANAUGH | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/10/2012 | Owner Information |
| License # | 014568 | | | | | BYFLO HOLDINGS INC |
| Lic Expire | 01/31/2018 | | | | | 6136 FRISCO SQ BLVD SUITE 400 |
| Medicare 1: | | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 200-4070 | Fax | (469) 200-4071 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BYRON RICKS | | | |
| County | COLLIN | Region | 03 | Date Licensed | 06/08/2011 | Owner Information |
| License # | 014396 | | | | | ARISE TODAY INC |
| Lic Expire | 06/30/2019 | | | | | 4220 S LANCASTER ROAD |
| Medicare 1: | 679426 | | | | | DALLAS, TX 75216 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 375-0101 | Fax | (214) 375-0099 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RICHARD LOPEZ | | | |
| County | COLLIN | Region | 03 | Date Licensed | 10/03/2012 | Owner Information |
| License # | 015110 | | | | | CRESENT HOSPICE LLC |
| Lic Expire | 10/31/2018 | | | | | 4085 OHIO DR SUITE 500 |
| Medicare 1: | 671789 | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 375-0101 | Fax | (214) 375-0099 | | | Hospice |
| Type: | Parent Agency | Administrator | ROMANA ZIA MEHAR | | | |
| County | COLLIN | Region | 03 | Date Licensed | 11/15/2017 | Owner Information |
| License # | 018449 | | | | | ENCOMPASS PREMIER HEALTH CARE |
| Lic Expire | 11/30/2019 | | | | | 5501 LEBEAU LN |
| Medicare 1: | | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 425-0287 | Fax | (972) 425-0387 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERA NKEM BERGMAN | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/02/2004 | Owner Information |
| License # | 008845 | | | | | FAVORITE HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 9555 LEBANON ROAD # 504 |
| Medicare 1: | 679487 | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 335-0410 | Fax | (972) 335-0420 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CATHERINE U ISIOFIA OKOYE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 02/22/2016 | Owner Information |
| License # | 017284 | | | | | ADOLFO ARNOLD RECTO |
| Lic Expire | 02/28/2018 | | | | | 5304 BOARDWALK DRIVE |
| Medicare 1: | | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | Services: |
| Phone | (818) 746-5362 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADOLFO RECTO | | | |
| County | COLLIN | Region | 03 | Date Licensed | 12/29/2017 | Owner Information |
| License # | 018539 | | | | | BHATTI ENTERPRISES LLC |
| Lic Expire | 12/31/2019 | | | | | 11436 GERANIUM DR |
| Medicare 1: | | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 406-8686 | Fax | | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AFRI BHATTI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 09/25/2012 | <u>Owner Information</u> |
| License # | 015091 | | | | | ROBCOLE INC |
| Lic Expire | 09/30/2018 | | | | | 6497 RYEWORTH DRIVE |
| Medicare 1: | | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | |
| Phone | (972) 747-0469 | Fax | (844) 654-7419 | | | Services: |
| Type: | Parent Agency | Administrator | ROBIN R COLEMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/08/2016 | <u>Owner Information</u> |
| License # | 017620 | | | | | NEW CRESCENT HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 4085 OHIO DR |
| Medicare 1: | | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | |
| Phone | (214) 375-0101 | Fax | (214) 375-0099 | | | Services: |
| Type: | Parent Agency | Administrator | ROMANA MEHAR | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 02/15/2011 | <u>Owner Information</u> |
| License # | 013895 | | | | | SUNSHINE HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 10100 HUNTER RUN |
| Medicare 1: | 747672 | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | |
| Phone | (214) 407-7799 | Fax | (214) 407-7977 | | | Services: |
| Type: | Parent Agency | Administrator | HANNAH U OGBONNAYA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/12/2008 | <u>Owner Information</u> |
| License # | 012314 | | | | | TEMPLE HOME HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 5913 CHEYENNE WAY |
| Medicare 1: | 677987 | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | |
| Phone | (214) 912-1284 | Fax | (214) 618-2440 | | | Services: |
| Type: | Parent Agency | Administrator | LUCY M NZE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 02/08/2017 | <u>Owner Information</u> |
| License # | 018276 | | | | | YAHYA HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | 4910 MONTEREY DRIVE |
| Medicare 1: | 679105 | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | |
| Phone | (972) 682-0727 | Fax | (972) 682-0766 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD LOPEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/16/2004 | <u>Owner Information</u> |
| License # | 009040 | | | | | US BIOSERVICES CORPORATION |
| Lic Expire | 04/30/2019 | | | | | 3101 GAYLORD PARKWAY, MS1E-C150 |
| Medicare 1: | | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | |
| Phone | (469) 365-8300 | Fax | (469) 365-8274 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA GARZA | | | Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/20/2017 | <u>Owner Information</u> |
| License # | 018331 | | | | | WE ARE ONE HOME & COMMUNITY SUPPORT SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 6805 LEBANON ROAD #173 |
| Medicare 1: | | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | |
| Phone | (469) 986-4822 | Fax | (214) 407-7625 | | | Services: |
| Type: | Parent Agency | Administrator | TONI BOOTH | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/08/2014 | <u>Owner Information</u> |
| License # | 016517 | | | | | TRAMS TEXAS HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 15517 PRESTON RD # 1188 |
| Medicare 1: | | | | | | DALLAS, TX 75248 |
| Medicare 2: | | | | | | |
| Phone | (469) 789-6124 | Fax | (214) 792-9307 | | | Services: |
| Type: | Parent Agency | Administrator | BILLY ROTIMI | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 11/27/2017 | <u>Owner Information</u> |
| License # | 018469 | | | | | KKSK, LLC |
| Lic Expire | 11/30/2019 | | | | | 3112 NORMANDY DR |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 717-2654 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KRISTI KITE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 04/25/2013 | <u>Owner Information</u> |
| License # | 015506 | | | | | ABSOLUTE CARE HOME HEALTHCARE LLC |
| Lic Expire | 04/30/2019 | | | | | 2616 ASPEN DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 600-0039 | Fax | (214) 227-2028 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OMOWUNMI ELIZABETH FAGBILE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/13/2016 | <u>Owner Information</u> |
| License # | 017221 | | | | | TARA M HARRIS ENTERPRISES |
| Lic Expire | 01/31/2018 | | | | | 3405 TELLURIDE DR |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 410-0680 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TARA HARRIS | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/30/2015 | <u>Owner Information</u> |
| License # | 016715 | | | | | AMP LLC |
| Lic Expire | 03/31/2019 | | | | | 206 S KENTUCKY STREET SUITE 302 |
| Medicare 1: | | | | | | MCKINNEY, TX 75069 |
| Medicare 2: | | | | | | Services: |
| Phone | (844) 267-5437 | Fax | (844) 543-7329 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROBIN P WORNHOR | | | |
| County | COLLIN | Region | 03 | Date Licensed | 07/28/2009 | <u>Owner Information</u> |
| License # | 012744 | | | | | AFFINITY ACUTE CARE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 321 N CENTRAL EXPY STE 350 |
| Medicare 1: | 747561 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 652-1967 | Fax | (817) 385-3932 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RODNEY PAUL | | | |
| County | COLLIN | Region | 03 | Date Licensed | 08/21/2017 | <u>Owner Information</u> |
| License # | 018268 | | | | | DEVOTED FRIENDS LLC |
| Lic Expire | 08/31/2019 | | | | | 12389 GRAYHAWK BL |
| Medicare 1: | | | | | | FRISCO, TX 75033 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 300-7772 | Fax | (844) 259-1232 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TEEMOL NADAKAL | | | |
| County | COLLIN | Region | 03 | Date Licensed | 04/27/2015 | <u>Owner Information</u> |
| License # | 016769 | | | | | AMIRA CARES HOME AIDE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 9820 NIXON DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 994-9442 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERINDA SEABROOKS | | | |
| County | COLLIN | Region | 03 | Date Licensed | 05/13/2005 | <u>Owner Information</u> |
| License # | 009758 | | | | | AUNT MAES HOME CARE INC |
| Lic Expire | 05/31/2019 | | | | | 2908 CHEVERNY |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 742-0700 | Fax | (469) 519-0223 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SOMNATH BANERJEE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 06/23/2014 | Owner Information |
| License # | 016426 | | | | | ROBNITA HEALTH CARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 1836 WEST VIRGINIA STREET SUITE 207 |
| Medicare 1: | 747301 | | | | | MCKINNEY, TX 75069 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 548-2163 | Fax | (972) 347-6306 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSH BATES | | | |
| County | COLLIN | Region | 03 | Date Licensed | 06/09/2017 | Owner Information |
| License # | 018101 | | | | | GOODWILL HOME HEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 321 N CENTRAL EXPRESSWAY SUITE #350 |
| Medicare 1: | 747502 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 350-4404 | Fax | (817) 796-1844 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | JOSH BATES | | | |
| County | COLLIN | Region | 03 | Date Licensed | 09/08/2017 | Owner Information |
| License # | 018305 | | | | | BEST CHOICE SENIOR CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 901 SOUTH COIT ROAD APT 102 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 207-5385 | Fax | (214) 207-5385 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHIARETTO AMIN | | | |
| County | COLLIN | Region | 03 | Date Licensed | 07/28/2017 | Owner Information |
| License # | 018214 | | | | | BRIGHT HORIZONS HOME HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | 2620 BLUFFS CT |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 302-4826 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MOSES K ROP | | | |
| County | COLLIN | Region | 03 | Date Licensed | 05/18/2015 | Owner Information |
| License # | 016809 | | | | | PICACHE-MOLINA WWJD LLC |
| Lic Expire | 05/31/2019 | | | | | 2016 RED ROCK DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 592-0840 | Fax | (214) 592-0842 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAMONCITO M MOLINA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 09/15/2011 | Owner Information |
| License # | 014349 | | | | | SALX INCORPORATED |
| Lic Expire | 09/30/2019 | | | | | 111 S KENTUCKY STREET SUITE 208 |
| Medicare 1: | | | | | | MCKINNEY, TX 75069 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 548-7333 | Fax | (972) 548-7351 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERT SMOLEN | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/02/2007 | Owner Information |
| License # | 011119 | | | | | DOVER HEALTHCARE SERVICES LLC |
| Lic Expire | 03/31/2020 | | | | | 1826 KNOB HILL DRIVE |
| Medicare 1: | 679693 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 351-3360 | Fax | (214) 988-1488 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLASENI OBASANYA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/29/2013 | Owner Information |
| License # | 015344 | | | | | MKKC CORP |
| Lic Expire | 01/31/2019 | | | | | 6841 VIRGINIA PARKWAY #103-168 |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 301-2227 | Fax | (469) 301-2227 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARSHALL G ODEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 10/24/2016 | Owner Information |
| License # | 017702 | | | | | HEART2HEART AGENCY |
| Lic Expire | 10/31/2018 | | | | | 6800 WEISKOPF AVE SUITE 150 |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (469) 712-4045 | Fax | (463) 348-1738 | | | Services: |
| Type: | Parent Agency | Administrator | TONY TURNER | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/19/2009 | Owner Information |
| License # | 012791 | | | | | HOME HEALTH & BEYOND SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 6408 OAKMONT DR |
| Medicare 1: | 747410 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (214) 417-6418 | Fax | (972) 369-7193 | | | Services: |
| Type: | Parent Agency | Administrator | FATMATA SACCOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 05/20/2009 | Owner Information |
| License # | 012773 | | | | | THI OF TEXAS AT SAMARITAN HOSPICE LLC |
| Lic Expire | 05/31/2019 | | | | | 10 CADILLAC DR SUITE 400 |
| Medicare 1: | 451758 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (972) 548-1600 | Fax | (972) 548-1711 | | | Services: |
| Type: | Parent Agency | Administrator | GLENN LE BLANC | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 03/24/2014 | Owner Information |
| License # | 016110 | | | | | INHOME WHOLISTICARE AND WELLNESS NORTH LLC |
| Lic Expire | 03/31/2018 | | | | | 1608 STRATFORD PL |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | |
| Phone | (972) 424-9067 | Fax | (972) 424-9150 | | | Services: |
| Type: | Parent Agency | Administrator | ANNALAIN BOSQUEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/03/2009 | Owner Information |
| License # | 013026 | | | | | KIDS CHOICE HOME HEALTH INC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 847 |
| Medicare 1: | | | | | | VAN ALSTYNE, TX 75495 |
| Medicare 2: | | | | | | |
| Phone | (903) 482-2273 | Fax | (903) 482-2223 | | | Services: |
| Type: | Parent Agency | Administrator | AMY MICHELLE BAKER | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/25/2015 | Owner Information |
| License # | 016996 | | | | | DALLAS COUNTY PHYSICIAN'S CHOICE HOMCARE, LLC |
| Lic Expire | 08/31/2019 | | | | | 1608 STRATFORD PLACE |
| Medicare 1: | 747699 | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | |
| Phone | (469) 714-0123 | Fax | (214) 548-5530 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA CECILIA LIMSON MITCHELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/15/2017 | Owner Information |
| License # | 018448 | | | | | R & H SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 5201 CEDAR MOUNTAIN DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | |
| Phone | (512) 944-4999 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER Y. GREEN | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/06/2016 | Owner Information |
| License # | 017442 | | | | | ON SITE HOME HEALTH CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 1120 FIREWHEEL PLACE |
| Medicare 1: | | | | | | MCKINNEY, TX 75069 |
| Medicare 2: | | | | | | |
| Phone | (469) 951-0477 | Fax | (214) 865-6648 | | | Services: |
| Type: | Parent Agency | Administrator | SALOME SUTTER | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 07/31/1999 | Owner Information |
| License # | 007109 | | | | | PROS HOME HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 318 BRIAR ROCK ROAD |
| Medicare 1: | 677569 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (817) 294-8105 | Fax | (817) 346-0169 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE MARTIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 03/06/2009 | Owner Information |
| License # | 012495 | | | | | SELECT HOME CARE DALLAS LLC |
| Lic Expire | 03/31/2019 | | | | | 10305 RASPBERRY RD |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (469) 362-5290 | Fax | (469) 362-5593 | | | Services: |
| Type: | Parent Agency | Administrator | WENDY PERRY | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 02/15/2017 | Owner Information |
| License # | 017922 | | | | | SENIORS COMFORT HOME CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 4309 CARMEL MOUNTAIN DR |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (469) 714-0222 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | JAMES OGOLA | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/03/2018 | Owner Information |
| License # | 018540 | | | | | STONEBRIAR HOME HEALTH LLC |
| Lic Expire | 01/31/2020 | | | | | 5121 BLACKELM DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | |
| Phone | (617) 331-3633 | Fax | (972) 984-7979 | | | Services: |
| Type: | Parent Agency | Administrator | SOLOMON MUGATI | | | Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018485 | | | | | TEXAS HOME HEALTH GROUP OF MCKINNEY LLC |
| Lic Expire | 07/31/2019 | | | | | 6800 WEISKOPF AVENUE SUITE 110 |
| Medicare 1: | 679236 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (972) 569-8157 | Fax | (972) 529-5646 | | | Services: |
| Type: | Parent Agency | Administrator | FRANKIE WASHBURN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018363 | | | | | TEXAS HOME HEALTH HOSPICE |
| Lic Expire | 08/31/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 741652 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (214) 307-7048 | Fax | (972) 767-4890 | | | Services: |
| Type: | Parent Agency | Administrator | TARA BAKER | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 03/11/2009 | Owner Information |
| License # | 012500 | | | | | EXRAD LLC |
| Lic Expire | 03/31/2019 | | | | | 804 DONELSON DR |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | |
| Phone | (214) 491-1999 | Fax | (469) 617-7863 | | | Services: |
| Type: | Parent Agency | Administrator | THERESA KOLP | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 10/02/1995 | Owner Information |
| License # | 001531 | | | | | THE VISITING NURSE ASSOCIATION OF TEXAS |
| Lic Expire | 09/30/2019 | | | | | 1600 VICEROY SUITE 400 |
| Medicare 1: | 451506 | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | |
| Phone | (972) 562-0140 | Fax | (972) 562-6539 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | KATHERINE KRAUSE | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--|---------------|------------|---|
| County | COLLIN | Region | 03 | Date Licensed | 01/17/1995 | Owner Information |
| License # | 003056 | | VNA | | | THE VISITING NURSE ASSOCIATION OF TEXAS |
| Lic Expire | 01/31/2019 | | 5601 VIRGINIA PARKWAY SUITE 1 | | | 1600 VICEROY SUITE 400 |
| Medicare 1: | 45Q7001005 | | MCKINNEY, TX 75071 | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 562-0140 | Fax | (972) 562-6539 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | KATHERINE KRAUSE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 06/14/2016 | Owner Information |
| License # | 017458 | | WESTRIDGE HOME HEALTH AND HOSPICE SERVICES INC | | | WESTRIDGE HOME HEALTH AND HOSPICE SERVICES INC |
| Lic Expire | 06/30/2018 | | 10416 BOLIVAR DRIVE | | | 10416 BOLIVAR DR |
| Medicare 1: | | | MCKINNEY, TX 75070 | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 631-0261 | Fax | (214) 856-4016 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | EBELE OKEKE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 10/17/2008 | Owner Information |
| License # | 012515 | | AMERICAN CHOICE HEALTHCARE INC | | | AMERICAN CHOICE HEALTHCARE INC |
| Lic Expire | 10/31/2018 | | 502 WATERS EDGE WAY | | | 502 WATERS EDGE WAY |
| Medicare 1: | 747297 | | MURPHY, TX 75094 | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 918-9972 | Fax | (972) 941-6965 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MOCHUMBE MEROKA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/04/2013 | Owner Information |
| License # | 015413 | | BOPIH HEALTHCARE SERVICES LIMITED | | | BOPIH HEALTHCARE SERVICES LIMITED |
| Lic Expire | 03/31/2019 | | 1196 OAK HILL LN | | | 1196 OAK HILL LN |
| Medicare 1: | | | MURPHY, TX 75094 | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 429-2087 | Fax | (469) 277-4406 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OPEYEMI OGUNWOLE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 05/10/2011 | Owner Information |
| License # | 014085 | | NEW GENESIS HOME HEALTH SERVICES | | | O GENESIS HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | 631 LONERIDGE WAY | | | 631 LONERIDGE WAY |
| Medicare 1: | | | MURPHY, TX 75094 | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 664-6334 | Fax | (972) 442-4063 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CORNELIUS C DURU | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/24/1996 | Owner Information |
| License # | 004423 | | OPTIMA HOME HEALTH SERVICES | | | OPTIMA PROFESSIONAL SERVICES INC |
| Lic Expire | 01/31/2020 | | 1217 WILLOW POINT DRIVE | | | 1217 WILLOW POINT DRIVE |
| Medicare 1: | 458486 | | MURPHY, TX 75094 | | | MURPHY, TX 75041 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 487-0965 | Fax | (972) 487-0989 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIANA ASONYE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008297 | | PINNACLE HEALTH SERVICES INCORPORATED | | | PINNACLE HEALTH SERVICES INCORPORATED |
| Lic Expire | 12/31/2019 | | 910 FALCON TRAIL | | | 910 FALCON TRAIL |
| Medicare 1: | 679131 | | MURPHY, TX 75094 | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 340-4000 | Fax | (214) 340-4097 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADETOKUNBO BROOKS | | | |
| County | COLLIN | Region | 03 | Date Licensed | 09/19/2016 | Owner Information |
| License # | 017634 | | SAINTS HOSPICE INC | | | SAINTS HOSPICE INC |
| Lic Expire | 09/30/2018 | | 502 WATERS EDGE WAY SUITE B | | | 502 WATERS EDGE WAY SUITE B |
| Medicare 1: | | | MURPHY, TX 75094 | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 918-9976 | Fax | (972) 442-7179 | | | Hospice |
| Type: | Parent Agency | Administrator | MARY MOCHUMBE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 017571 | | | | | KDMEDLINK SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 426 WINDY KNOLL DR |
| Medicare 1: | | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (972) 384-3500 | Fax | (972) 767-3396 | | | Services: |
| Type: | Parent Agency | Administrator | EMMA MUKWINDIDZA | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 05/24/2017 | Owner Information |
| License # | 018071 | | | | | 1ST FRUITS HOME CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 4701 14TH ST APT 4251 |
| Medicare 1: | | | | | | PLANO, TX 75014 |
| Medicare 2: | | | | | | |
| Phone | (214) 973-0262 | Fax | (469) 573-8849 | | | Services: |
| Type: | Parent Agency | Administrator | ALISIA GREER | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/30/2015 | Owner Information |
| License # | 017231 | | | | | A FRIENDLY HOME HEALTH CARE, LLC |
| Lic Expire | 04/30/2019 | | | | | 17311 DALLAS PARKWAY, SUITE 232 |
| Medicare 1: | 677875 | | | | | , TX 75248 |
| Medicare 2: | | | | | | |
| Phone | (972) 248-8282 | Fax | (972) 248-9077 | | | Services: |
| Type: | Parent Agency | Administrator | ANI GOPALAKRISHNAN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/02/2016 | Owner Information |
| License # | 017430 | | | | | A FRIENDLY PALLIATIVE AND HOSPICE CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 801 E PLANO PKWY SUITE 218 ROOM 101 A |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 248-8282 | Fax | (972) 248-9077 | | | Services: |
| Type: | Parent Agency | Administrator | ANI GOPALAKRISHNAN | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 02/07/2008 | Owner Information |
| License # | 011865 | | | | | ABIDING CARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 2121 W SPRING CREEK PARKWAY SUITE 205 |
| Medicare 1: | 747317 | | | | | PLANO, TX 75023 |
| Medicare 2: | | | | | | |
| Phone | (469) 814-0426 | Fax | (469) 814-0427 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA U ONYEBUEZE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/18/2017 | Owner Information |
| License # | 018481 | | | | | ADELAIDE HOME HEALTH LLC |
| Lic Expire | 09/30/2019 | | | | | 2000 N CENTRAL EXPWY, SUITE #120 |
| Medicare 1: | 677854 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 424-4024 | Fax | (972) 424-2244 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON JACOB | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 03/26/2008 | Owner Information |
| License # | 011942 | | | | | ADONAI MEDHEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 4500 LEGACY DRIVE SUITE #400 |
| Medicare 1: | | | | | | DALLAS, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 491-2077 | Fax | (972) 801-2078 | | | Services: |
| Type: | Parent Agency | Administrator | MARIBEL T. TURNEY | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/01/2011 | Owner Information |
| License # | 014506 | | | | | ALEXIAN HOME HEALTH LLC |
| Lic Expire | 11/30/2019 | | | | | 1485 RICHARDSON DR STE 140 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (469) 888-9141 | Fax | (972) 664-0139 | | | Services: |
| Type: | Parent Agency | Administrator | FESTUS MADUBUIKE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 03/20/2013 | Owner Information |
| License # | 015611 | | | | | DLS REHAB SERVICES, INC. |
| Lic Expire | 03/31/2019 | | | | | 400 CHISHOLM PLACE, SUITE 220 |
| Medicare 1: | 679273 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 620-2006 | Fax | (972) 476-1093 | | | Services: |
| Type: | Parent Agency | Administrator | MAHESWARI MANIVANNAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/20/2011 | Owner Information |
| License # | 014225 | | | | | ALWAYS WITH YOU HOMECARE LLC |
| Lic Expire | 07/31/2019 | | | | | 5916 NEWGATE LANE |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (214) 550-0755 | Fax | (214) 432-4230 | | | Services: |
| Type: | Parent Agency | Administrator | AARTI MATHUR | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/16/2014 | Owner Information |
| License # | 016565 | | | | | AMERISTARS BEST CARE INC |
| Lic Expire | 12/31/2018 | | | | | 4505 TORINO PL |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (972) 468-8281 | Fax | (972) 468-8282 | | | Services: |
| Type: | Parent Agency | Administrator | RACHAEL ARNOLD | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 12/16/2014 | Owner Information |
| License # | 016566 | | | | | ANCHOR OF HOPE HOSPICE |
| Lic Expire | 12/31/2018 | | | | | 7708 SAN JACINTO PLACE STE 100 |
| Medicare 1: | 741566 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (469) 351-4466 | Fax | (469) 327-3071 | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER CLARK | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 08/16/2006 | Owner Information |
| License # | 010684 | | | | | APPLECARE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 1141 ROCHESTER WAY |
| Medicare 1: | 743103 | | | | | PLANO, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (469) 867-2702 | Fax | (972) 202-0244 | | | Services: |
| Type: | Parent Agency | Administrator | CHISOM OCHULOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/05/2017 | Owner Information |
| License # | 018458 | | | | | DFW TENDER TOUCH HOSPICE, LLC |
| Lic Expire | 09/30/2019 | | | | | 2460 MARSH LANE |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (214) 366-6112 | Fax | (214) 731-5977 | | | Services: |
| Type: | Parent Agency | Administrator | MERRITT ROBINSON | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 11/20/2014 | Owner Information |
| License # | 008994 | | | | | ASTROCARE CLASS INC |
| Lic Expire | 01/31/2019 | | | | | 14950 HEATHROW FOREST PARKWAY SUITE 300 |
| Medicare 1: | | | | | | HOUSTON, TX 77032 |
| Medicare 2: | | | | | | |
| Phone | (469) 815-9933 | Fax | (469) 718-0359 | | | Services: |
| Type: | Branch Agency | Administrator | GLADYS WADE | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/28/2017 | Owner Information |
| License # | 018391 | | | | | BEYONDFAITH HOMECARE & REHAB LLC |
| Lic Expire | 07/31/2019 | | | | | 5340 LEGACY DRIVE SUITE 150 |
| Medicare 1: | 67Q9335001 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 943-0952 | Fax | (972) 943-3841 | | | Services: |
| Type: | Branch Agency | Administrator | SUSAN DUTY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 04/17/2017 | Owner Information |
| License # | 018065 | | | | | HOME CARE AND STAFFING SOLUTIONS LLC |
| Lic Expire | 04/30/2019 | | | | | 630 N CENTRAL EXPRESSWAY SUITE 460 |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (214) 295-4667 | Fax | (972) 379-0555 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELE MARTINEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 05/17/2017 | Owner Information |
| License # | 015360 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 111 WESTWOOD PLACE STE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (817) 633-9125 | Fax | (817) 633-9130 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH FRED VUKSAN | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 07/15/1999 | Owner Information |
| License # | 002242 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (972) 943-5706 | Fax | (972) 943-5727 | | | Services: |
| Type: | Branch Agency | Administrator | JOHN PENA | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 02/18/2008 | Owner Information |
| License # | 011993 | | | | | CARDINAL MEDHEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 1615 PRECINCT LINE ROAD SUITE 105 |
| Medicare 1: | 679025 | | | | | HURST, TX 76054 |
| Medicare 2: | | | | | | |
| Phone | (972) 801-2011 | Fax | (972) 801-2019 | | | Services: |
| Type: | Parent Agency | Administrator | MARLENE D. PUENTE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/09/2007 | Owner Information |
| License # | 011465 | | | | | CAREFUL CARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 4237 LAVACA DRIVE |
| Medicare 1: | 747026 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (214) 395-9775 | Fax | (972) 422-8626 | | | Services: |
| Type: | Parent Agency | Administrator | FABIAN OJUKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/10/2011 | Owner Information |
| License # | 014468 | | | | | CERNA HEALTHCARE OF TEXAS LLC |
| Lic Expire | 11/30/2017 | | | | | 2012 BUSINESS CENTER DR |
| Medicare 1: | | | | | | IRVINE, CA 92612 |
| Medicare 2: | | | | | | |
| Phone | (949) 253-5800 | Fax | (949) 253-4169 | | | Services: |
| Type: | Parent Agency | Administrator | NICK PAYZANT | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/17/2003 | Owner Information |
| License # | 008759 | | | | | CHARLIN HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 400 CHISHOLM PL SUITE 400 |
| Medicare 1: | 453150 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 424-3200 | Fax | (972) 578-7803 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES I BRYCE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/18/2014 | Owner Information |
| License # | 016531 | | | | | CHARLIN HOSPICE LLC |
| Lic Expire | 11/30/2018 | | | | | 400 CHISHOLM PL STE 400 |
| Medicare 1: | 741578 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 423-4170 | Fax | (469) 368-0999 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES I BRYCE | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 10/09/2012 | Owner Information |
| License # | 015124 | | | | | CHILDRENS MEDICAL CENTER OF DALLAS |
| Lic Expire | 10/31/2018 | | | | | 1935 MEDICAL DISTRICT DRIVE |
| Medicare 1: | | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 303-4663 | Fax | (469) 303-0033 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TERRENCE TERMANE CROOKS | | | |
| County | COLLIN | Region | 03 | Date Licensed | 08/13/2007 | Owner Information |
| License # | 011521 | | | | | CLASSIC HOME HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 801 K AVENUE SUITE 11 |
| Medicare 1: | 747527 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 222-2098 | Fax | (972) 222-7982 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHINWE FLORENCE AJAYI | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/14/2017 | Owner Information |
| License # | 017955 | | | | | COMFORTING ANGELS HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 3228 TOPAZ WAY |
| Medicare 1: | | | | | | PLANO, TX 75023 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 579-7206 | Fax | (972) 618-7390 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | REGINA EMENGINI | | | |
| County | COLLIN | Region | 03 | Date Licensed | 10/25/2017 | Owner Information |
| License # | 018398 | | | | | CRYSTAL HOSPICE CARE INC |
| Lic Expire | 10/31/2019 | | | | | 6704 VISTA TRAIL |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 497-2807 | Fax | (972) 528-7290 | | | Hospice |
| Type: | Parent Agency | Administrator | SANTHI S. KUMAR | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/12/2017 | Owner Information |
| License # | 017855 | | | | | DIVINE HEART SENIOR CAREGIVERS, INC. |
| Lic Expire | 01/31/2019 | | | | | PO BOX 261612 |
| Medicare 1: | | | | | | PLANO, TX 75026 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 988-8264 | Fax | (972) 767-3545 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BARBARA LENZER | | | |
| County | COLLIN | Region | 03 | Date Licensed | 02/12/2004 | Owner Information |
| License # | 008907 | | | | | DOVE HOME CARE LLC |
| Lic Expire | 02/28/2018 | | | | | 283 STONE RIDGE DRIVE |
| Medicare 1: | 453112 | | | | | SUNNYVALE, TX 75182 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 864-0473 | Fax | (972) 864-0479 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LETTY JOHN | | | |
| County | COLLIN | Region | 03 | Date Licensed | 02/17/2012 | Owner Information |
| License # | 014642 | | | | | DYNAMIC THERAPY PLLC |
| Lic Expire | 02/28/2018 | | | | | 4408 HELSTON DRIVE |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 566-2687 | Fax | (866) 323-1955 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | REBECCA SHMUKLER | | | |
| County | COLLIN | Region | 03 | Date Licensed | 02/25/2009 | Owner Information |
| License # | 012463 | | | | | ECINA HOME HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 4201 MIDPARK LN |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 964-5238 | Fax | (972) 801-6877 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIE FRANTZ RENE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 07/25/2016 | <u>Owner Information</u> |
| License # | 017765 | | | | | ELVIS HOME HEALTH CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 3613 BALLY CASTLE DRIVE |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 375-3300 | Fax | (972) 803-1832 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN EBEN | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 05/12/2016 | <u>Owner Information</u> |
| License # | 017397 | | | | | CONSILIO ET ANIMIS LLC |
| Lic Expire | 05/31/2018 | | | | | 1716 COUNTRY BEND |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (972) 379-1100 | Fax | (972) 379-1103 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE HAMMONDS | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 10/27/2005 | <u>Owner Information</u> |
| License # | 010077 | | | | | GENTLECARE HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | | | | 4525 CLEVELAND DR. |
| Medicare 1: | 679542 | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (214) 905-1414 | Fax | (214) 905-3441 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY FOFANG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/01/2011 | <u>Owner Information</u> |
| License # | 014423 | | | | | SKAK ENTERPRISES INC |
| Lic Expire | 08/31/2019 | | | | | 2828 W PARKER RD SUITE 106 |
| Medicare 1: | 679631 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 867-8700 | Fax | (972) 867-8777 | | | Services: |
| Type: | Parent Agency | Administrator | TOM KORUTHU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/10/2003 | <u>Owner Information</u> |
| License # | 008284 | | | | | GRACE HOME HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | 5045 LORIMAR DR SUITE 260 |
| Medicare 1: | 679309 | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (469) 326-1700 | Fax | (469) 326-1704 | | | Services: |
| Type: | Parent Agency | Administrator | GRACY ZACHARIAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/15/2003 | <u>Owner Information</u> |
| License # | 009334 | | | | | GRACE HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 730 AVENUE F SUITE 200 |
| Medicare 1: | 451723 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 424-3454 | Fax | (972) 424-3054 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA HAECKER | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 08/08/2011 | <u>Owner Information</u> |
| License # | 014269 | | | | | DECOURSIN SPECIAL CARE INC |
| Lic Expire | 08/31/2019 | | | | | 4512 BARWYN CT |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (469) 277-3540 | Fax | (469) 277-3820 | | | Services: |
| Type: | Parent Agency | Administrator | DOUGLAS D DECOURSIN | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | HAMDARD SIGNATURE CARE LLC |
| Lic Expire | | | | | | 6109 LEBLANC DR |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 489-7929 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ASIF EFFENDI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 02/11/2005 | Owner Information |
| License # | 009432 | | | | | HEALTHCARE CORPORATION OF AMERICA INC |
| Lic Expire | 02/28/2019 | | | | | 4404 BRINKER COURT |
| Medicare 1: | 677898 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 758-1000 | Fax | (972) 758-1001 | | | Services: |
| Type: | Parent Agency | Administrator | ESTHER C ERHARUYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/15/2008 | Owner Information |
| License # | 012167 | | | | | HEALTHY CHOICE HOMECARE LLC |
| Lic Expire | 08/31/2018 | | | | | 4521 FIREWHEEL DR |
| Medicare 1: | 747118 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 612-5370 | Fax | (972) 476-1138 | | | Services: |
| Type: | Parent Agency | Administrator | KURT PAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/21/2012 | Owner Information |
| License # | 014884 | | | | | A N D HOME HEALTHCARE LLC |
| Lic Expire | 06/30/2018 | | | | | 2000 N CENTRAL EXPRESSWAY STE 102 |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 422-0444 | Fax | (972) 422-8144 | | | Services: |
| Type: | Parent Agency | Administrator | ALTON E BLAKELY | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/24/2017 | Owner Information |
| License # | 018410 | | | | | MD FRIEND MEDICALBILLING SOLUTIONS LLC |
| Lic Expire | 07/31/2019 | | | | | 4709 W PARKER ROAD, SUITE #470 |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (214) 586-0120 | Fax | (214) 586-0119 | | | Services: |
| Type: | Parent Agency | Administrator | KATHY CALDWELL | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/01/2015 | Owner Information |
| License # | 016614 | | | | | T A FELKER ENTERPRISES LLC |
| Lic Expire | 12/31/2018 | | | | | 6316 WALLING LN |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (972) 744-9898 | Fax | (972) 744-9890 | | | Services: |
| Type: | Parent Agency | Administrator | TODD FELKER | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 03/09/2007 | Owner Information |
| License # | 011137 | | | | | IMPERIAL PROFESSIONAL HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 2005 USA DRIVE |
| Medicare 1: | 747271 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (469) 733-2088 | Fax | (888) 786-2880 | | | Services: |
| Type: | Parent Agency | Administrator | HALBERT TE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/26/2014 | Owner Information |
| License # | 016282 | | | | | INTEGRITY HOME HEALTH LLC |
| Lic Expire | 06/30/2018 | | | | | 7217 HILLVIEW DR. |
| Medicare 1: | 679709 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (972) 926-6490 | Fax | (972) 926-6710 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINA WANG | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/13/2008 | Owner Information |
| License # | 012159 | | | | | JOAB HOMEHEALTH SERVICES |
| Lic Expire | 08/31/2018 | | | | | 2600 AVENUE K SUITE 214 |
| Medicare 1: | 747207 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 423-5606 | Fax | (972) 423-5610 | | | Services: |
| Type: | Parent Agency | Administrator | SAFURATU OSAMEDE SALAMI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 07/10/2009 | Owner Information |
| License # | 012702 | | | | | J-SHALOM HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 1116 HYANNIS STREET |
| Medicare 1: | 747393 | | | | | PLANO, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (972) 423-4145 | Fax | (972) 423-4584 | | | Services: |
| Type: | Parent Agency | Administrator | TALLA TAKUSI | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/10/2014 | Owner Information |
| License # | 016518 | | | | | KIDABILITY PLLC |
| Lic Expire | 11/30/2018 | | | | | 4129 WASKOM DRIVE |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 905-3413 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | RASHI PATEL | | | Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/31/2006 | Owner Information |
| License # | 010715 | | | | | KOC HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 3200 14TH STREET SUITE 504 |
| Medicare 1: | 677836 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 384-1039 | Fax | (972) 202-3055 | | | Services: |
| Type: | Parent Agency | Administrator | ADAORA NWORA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/15/2004 | Owner Information |
| License # | 009311 | | | | | LIFELINE HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | P O BOX 740788 |
| Medicare 1: | 457804 | | | | | DALLAS, TX 75374 |
| Medicare 2: | | | | | | |
| Phone | (972) 423-8500 | Fax | (972) 423-6600 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY ALAO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/21/2007 | Owner Information |
| License # | 011703 | | | | | LUCENT HOME HEALTH LLC |
| Lic Expire | 11/30/2019 | | | | | 1101 W PLANO PKWY STE 101 |
| Medicare 1: | 743191 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 664-0945 | Fax | (972) 664-0139 | | | Services: |
| Type: | Parent Agency | Administrator | FESTUS MADUBUIKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 05/10/2016 | Owner Information |
| License # | 017390 | | | | | MDJ MEDICAL SUPPLIES & SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 4011 WEST PLANO PARKWAY STE 111 |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (469) 814-0965 | Fax | (214) 540-6201 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA OSINLOYE | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/24/2016 | Owner Information |
| License # | 017481 | | | | | MEGAMAX HOME HEALTH LLC |
| Lic Expire | 06/30/2018 | | | | | 2024 TESTAMENT TRL |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (877) 358-7766 | Fax | (877) 248-8288 | | | Services: |
| Type: | Parent Agency | Administrator | JUSTUS MBOGO | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 08/23/2017 | Owner Information |
| License # | 018273 | | | | | MONARCH SENIOR SOLUTIONS LLC |
| Lic Expire | 08/31/2019 | | | | | 7708 SAN JACINTO PLACE UNIT #100 |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (469) 300-2288 | Fax | (972) 767-5069 | | | Services: |
| Type: | Parent Agency | Administrator | MARY GILLIAM | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 05/24/2011 | Owner Information |
| License # | 014124 | | | | | NORTH TEXAS HOME HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | 5501 INDEPENDENCE PKWY SUITE #211 |
| Medicare 1: | 747851 | | | | | PLANO, TX 75023 |
| Medicare 2: | | | | | | |
| Phone | (972) 612-4800 | Fax | (214) 299-8667 | | | Services: |
| Type: | Parent Agency | Administrator | ASHOK CHANDRA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 01/14/2016 | Owner Information |
| License # | 017224 | | | | | ANDREA MAYO BRITTON |
| Lic Expire | 01/31/2018 | | | | | 1512 ONTCLAIR DRIVE |
| Medicare 1: | | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (214) 434-8793 | Fax | (972) 767-4612 | | | Services: |
| Type: | Parent Agency | Administrator | ANDREA BRITTON | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 05/28/2004 | Owner Information |
| License # | 009121 | | | | | MUNZER HAQUE |
| Lic Expire | 05/31/2018 | | | | | 2413 SAN GABRIEL DRIVE |
| Medicare 1: | 673190 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 741-3193 | Fax | (972) 516-4952 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA M HAQUE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/08/2004 | Owner Information |
| License # | 009300 | | | | | OPTIMUM HOME HEALTH CARE INC |
| Lic Expire | 09/30/2018 | | | | | 5501 INDEPENDENCE PKWY SUITE 304 |
| Medicare 1: | 457978 | | | | | PLANO, TX 75023 |
| Medicare 2: | | | | | | |
| Phone | (972) 596-6442 | Fax | (972) 596-9047 | | | Services: |
| Type: | Parent Agency | Administrator | SUMA MATHEW | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/10/2011 | Owner Information |
| License # | 014152 | | | | | PARADIGM REHAB & HEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 130010 |
| Medicare 1: | 747818 | | | | | TYLER, TX 75713 |
| Medicare 2: | | | | | | |
| Phone | (972) 422-0033 | Fax | (469) 736-0068 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH BETH SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/12/1994 | Owner Information |
| License # | 003264 | | | | | PATIENT CENTERED SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 321 N. CENTRAL EXPRESSWAY SUITE 350 |
| Medicare 1: | 458277 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (972) 424-4454 | Fax | (972) 423-7906 | | | Services: |
| Type: | Parent Agency | Administrator | TERRY JILES | | | Licensed and Certified Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 06/11/2014 | Owner Information |
| License # | 016256 | | | | | PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 1721 WEST PLANO PARKWAY SUITE 130 |
| Medicare 1: | 741567 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 578-1502 | Fax | (972) 578-1500 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA EYAMBE | | | Personal Assistance Services, Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 04/14/2017 | Owner Information |
| License # | 018001 | | | | | TEXAS PHC INC |
| Lic Expire | 04/30/2019 | | | | | 8105 RASOR BLVD SUITE 297 |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (469) 925-0449 | Fax | (469) 925-0533 | | | Services: |
| Type: | Parent Agency | Administrator | TAMI SANDEFER | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 07/20/2005 | Owner Information |
| License # | 009873 | | | | | POSITIVE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 2600 AVENUE K SUITE 264 |
| Medicare 1: | 677915 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 398-0643 | Fax | (972) 398-6044 | | | Services: |
| Type: | Parent Agency | Administrator | MAUREEN ADANMA ANYIAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/04/2009 | Owner Information |
| License # | 012950 | | | | | PRISTINE HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 3913 ROCKWOOD DRIVE |
| Medicare 1: | 747631 | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | |
| Phone | (972) 881-5551 | Fax | (972) 881-5553 | | | Services: |
| Type: | Parent Agency | Administrator | AKOUETE JOHNATHAN ADJETEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 10/15/2001 | Owner Information |
| License # | 007756 | | | | | PROCARE HOME CARE AGENCY |
| Lic Expire | 10/31/2018 | | | | | 9020 ENCHANTED RIDGE DRIVE |
| Medicare 1: | 679143 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (972) 712-6956 | Fax | (972) 712-4454 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFEMI OWOSENI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 04/29/2008 | Owner Information |
| License # | 011982 | | | | | REVIVAL HOME HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 8717 SMOKEY CANYON WAY |
| Medicare 1: | 747219 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (469) 633-9557 | Fax | (469) 633-9555 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIANA N UDEZE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/07/2014 | Owner Information |
| License # | 016300 | | | | | SECOND FAMILY HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 4604 PORTRAIT LANE |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 898-2744 | Fax | (972) 347-0716 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA METOYER | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/03/2016 | Owner Information |
| License # | 017754 | | | | | PBHS HOME HEALTH DFW I, INC. |
| Lic Expire | 09/30/2018 | | | | | 6404 INTERNATIONAL PARKWAY #1600 |
| Medicare 1: | 747822 | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (214) 449-1450 | Fax | (214) 449-1416 | | | Services: |
| Type: | Parent Agency | Administrator | BRIAN C. HARMON | | | Licensed and Certified Home Health Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/10/2015 | Owner Information |
| License # | 017129 | | | | | SPIRIT OF AGING LLC |
| Lic Expire | 07/31/2019 | | | | | 6401 OHIO DRIVE #1107 |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (972) 235-2273 | Fax | (972) 490-9243 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY KUNKLE | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/03/2014 | Owner Information |
| License # | 016297 | | | | | FILHEART ENTERPRISES INC |
| Lic Expire | 07/31/2018 | | | | | 1212 COIT ROAD SUITE 109 |
| Medicare 1: | | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (972) 596-0124 | Fax | (214) 396-1184 | | | Services: |
| Type: | Parent Agency | Administrator | FILEMON DELFINO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 11/14/2016 | Owner Information |
| License # | 013810 | | | | | LEGACY SS INC |
| Lic Expire | 01/31/2019 | | | | | 6101 OHIO DR STE 100 |
| Medicare 1: | | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 244-7700 | Fax | (972) 244-7701 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | CHARLENE BISHOP | | | |
| County | COLLIN | Region | 03 | Date Licensed | 01/10/2011 | Owner Information |
| License # | 013810 | | | | | LEGACY SS INC |
| Lic Expire | 01/31/2019 | | | | | 6101 OHIO DR STE 100 |
| Medicare 1: | 747734 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 244-7700 | Fax | (972) 244-7701 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLENE BISHOP | | | |
| County | COLLIN | Region | 03 | Date Licensed | 11/01/2016 | Owner Information |
| License # | 017833 | | | | | FIRST CHOICE CHILDREN'S HOMECARE, LP |
| Lic Expire | 10/31/2018 | | | | | 500 EDGEWATER DRIVE, SUITE #578 |
| Medicare 1: | | | | | | WAKEFIELD, MA 01880 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 673-0404 | Fax | (469) 626-9670 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | WILLIAM JASON MIZE | | | |
| County | COLLIN | Region | 03 | Date Licensed | 11/04/2014 | Owner Information |
| License # | 016747 | | | | | TRADITIONS CARE TEAM INC |
| Lic Expire | 11/30/2018 | | | | | 5045 LORIMAR DR |
| Medicare 1: | 747337 | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 378-7902 | Fax | (972) 378-7909 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BLESSY Z SIMON | | | |
| County | COLLIN | Region | 03 | Date Licensed | 08/31/2016 | Owner Information |
| License # | 017608 | | | | | TRUE CHOICE HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 3372 NOTTINGHAM LANE |
| Medicare 1: | | | | | | PLANO, TX 75169 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 718-7688 | Fax | (469) 916-2692 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VAISHALI PATEL | | | |
| County | COLLIN | Region | 03 | Date Licensed | 06/08/2005 | Owner Information |
| License # | 009798 | | | | | VERITAS HOME HEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 2825 REGAL ROAD SUITE 105 |
| Medicare 1: | 677811 | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 519-0308 | Fax | (972) 519-8331 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLGA L LEVIT | | | |
| County | COLLIN | Region | 03 | Date Licensed | 06/03/2011 | Owner Information |
| License # | 014136 | | | | | VIGORCARE PARTNERS OF TEXAS LTD |
| Lic Expire | 06/30/2019 | | | | | 1700 ALMA DRIVE SUITE 230 |
| Medicare 1: | | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 429-2913 | Fax | (469) 429-2914 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OKE C. OKOCHA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 04/11/2012 | Owner Information |
| License # | 014915 | | | | | BRIGHT GOLD LLC |
| Lic Expire | 04/30/2018 | | | | | 1400 PRESTON ROAD SUITE 400 |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 665-9946 | Fax | (972) 665-4851 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRITT A HOLLINGSWORTH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 02/22/1996 | <u>Owner Information</u> |
| License # | 003264 | | | | | PATIENT CENTERED SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 321 N. CENTRAL EXPRESSWAY SUITE 350 |
| Medicare 1: | 45Q8277001 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 961-4920 | Fax | (972) 961-3073 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | TERRY E JILES | | | |
| County | COLLIN | Region | 03 | Date Licensed | 05/23/2014 | <u>Owner Information</u> |
| License # | 016227 | | | | | GRACIOUS HEALTH AND HOSPICE, INC. |
| Lic Expire | 05/31/2018 | | | | | 5716 EDINBURG DRIVE |
| Medicare 1: | | | | | | RICHARDSON, TX 75082 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 688-7990 | Fax | (972) 677-7232 | | | Hospice |
| Type: | Parent Agency | Administrator | JUSTINA NZELU | | | |
| County | COLLIN | Region | 03 | Date Licensed | 11/22/2002 | <u>Owner Information</u> |
| License # | 008219 | | | | | AVEIN GROUP INC |
| Lic Expire | 11/30/2019 | | | | | 5405 KEATING COURT |
| Medicare 1: | 679285 | | | | | RICHARDSON, TX 75082 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 994-9993 | Fax | (972) 994-0253 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NIEVA L CUA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/25/2015 | <u>Owner Information</u> |
| License # | 016700 | | | | | ABC CARING HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 2102 PARKHURST COURT |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 215-9961 | Fax | (972) 429-8648 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | UKACHI E AKOGU | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/10/2004 | <u>Owner Information</u> |
| License # | 008958 | | | | | ALBERT HOME HEALTH AGENCY INC |
| Lic Expire | 03/31/2019 | | | | | 2801 W FM 544 SUITE 104 |
| Medicare 1: | 673184 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 429-0057 | Fax | (972) 575-8926 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IMAOBONG UDOH | | | |
| County | COLLIN | Region | 03 | Date Licensed | 10/30/2009 | <u>Owner Information</u> |
| License # | 012934 | | | | | AMERICAN FAMILY HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 707 BUSINESS WAY |
| Medicare 1: | 747577 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 429-3902 | Fax | (972) 429-3903 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DIRISU AFOLABI MUSA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 03/19/2010 | <u>Owner Information</u> |
| License # | 013181 | | | | | AMY HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 2905 REATA DRIVE |
| Medicare 1: | 747536 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 784-4248 | Fax | (972) 782-4209 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRECIOUS A EZEOMA | | | |
| County | COLLIN | Region | 03 | Date Licensed | 12/18/2014 | <u>Owner Information</u> |
| License # | 016571 | | | | | AUSTIN HOME HEALTHCARE INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 1932 HIGHLAND OAKS DRIVE |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 212-4144 | Fax | (972) 212-4562 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BEATRICE O OBI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------------|---------------|----------------------------|---------------|------------|--|
| County | COLLIN | Region | 03 | Date Licensed | 02/16/2007 | Owner Information |
| License # | 011076 | | | | | CARETOUCH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 2813 BISSELL WAY |
| Medicare 1: | 743189 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (972) 442-1616 | Fax | (972) 442-6464 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN AMADI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 07/28/2016 | Owner Information |
| License # | 017547 | | | | | DOVE HEIGHT, LLC |
| Lic Expire | 07/31/2018 | | | | | 102 AMARA CRESCENT E |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (469) 587-4163 | Fax | (214) 348-1402 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA NAA-AKANYO BOYEFIO | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/06/2009 | Owner Information |
| License # | 012974 | | | | | GRACIOUS CARE HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 3503 SPIREA DRIVE |
| Medicare 1: | 747599 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (972) 966-9547 | Fax | (972) 575-8720 | | | Services: |
| Type: | Parent Agency | Administrator | LYNDA OBI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 11/02/2017 | Owner Information |
| License # | 018418 | | | | | NOLASHANDS, LLC |
| Lic Expire | 11/30/2019 | | | | | 2918 REATA DRIVE |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (214) 587-4663 | Fax | (469) 543-1910 | | | Services: |
| Type: | Parent Agency | Administrator | ELENA HINES | | | Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/05/2017 | Owner Information |
| License # | 018297 | | | | | PERSONAL TOUCH HOSPICE CARE INC |
| Lic Expire | 09/30/2019 | | | | | 2217 CIMMARON DRIVE |
| Medicare 1: | | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (972) 429-1072 | Fax | (972) 429-1430 | | | Services: |
| Type: | Parent Agency | Administrator | VIMALKUMAR SHUKLA | | | Hospice |
| County | COLLIN | Region | 03 | Date Licensed | 12/01/2016 | Owner Information |
| License # | 017867 | | | | | SINCERE HOME HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 2217 CIMMARON DRIVE |
| Medicare 1: | 673187 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (972) 429-1072 | Fax | (972) 729-1430 | | | Services: |
| Type: | Parent Agency | Administrator | VIMALKUMAR SHUKLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COLLIN | Region | 03 | Date Licensed | 09/12/2013 | Owner Information |
| License # | 015765 | | | | | STN HOME HEALTH SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 3001 LAKE TERRACE DR |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (214) 677-5488 | Fax | (469) 893-5359 | | | Services: |
| Type: | Parent Agency | Administrator | SUNDAY NWAJAGU | | | Licensed Home Health Services, Personal Assistance Services |
| County | COLLINGSWORTH | Region | 01 | Date Licensed | 07/19/2010 | Owner Information |
| License # | 013610 | | | | | WEST TEXAS HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 807 WEST AVE. |
| Medicare 1: | 741580 | | | | | WELLINGTON, TX 79095 |
| Medicare 2: | 457550 | | | | | |
| Phone | (806) 447-2541 | Fax | (806) 447-1264 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY PAYTON DARROW | | | Licensed and Certified Home Health Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------------------|---------------|------------|--|
| County | COLORADO | Region | 06 | Date Licensed | 11/08/2017 | <u>Owner Information</u> |
| License # | 018436 | | | | | BRENDA CUNNINGHAM |
| Lic Expire | 11/30/2019 | | | | | 1798 STRICKLAND LN |
| Medicare 1: | | | | | | EAGLE LAKE, TX 77434 |
| Medicare 2: | | | | | | |
| Phone | (832) 278-3949 | Fax | (832) 218-2103 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA J CUNNINGHAM | | | Personal Assistance Services |
| County | COLORADO | Region | 06 | Date Licensed | 10/25/2015 | <u>Owner Information</u> |
| License # | 017190 | | | | | INTEGRATED MANAGEMENT SOLUTIONS INC |
| Lic Expire | 10/31/2019 | | | | | P O BOX 529 |
| Medicare 1: | 67Q9029001 | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | |
| Phone | (979) 725-6647 | Fax | (979) 725-6977 | | | Services: |
| Type: | Branch Agency | Administrator | SUZANNE BOZEMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 11/13/2017 | <u>Owner Information</u> |
| License # | 001917 | | | | | HOPE HOSPICE |
| Lic Expire | 03/31/2018 | | | | | 611 NORTH WALNUT |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (210) 686-3131 | Fax | (830) 438-0271 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | AUDRIE (NICKIE) NICOLE DRUMMON | | | Hospice |
| County | COMAL | Region | 08 | Date Licensed | 12/30/2015 | <u>Owner Information</u> |
| License # | 017321 | | | | | AA SENIOR CARE SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 8546 BROADWAY SUITE#109 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78217 |
| Medicare 2: | | | | | | |
| Phone | (830) 609-9128 | Fax | (830) 609-9138 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN TROWSDALE | | | Licensed Home Health Services, Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 03/06/2015 | <u>Owner Information</u> |
| License # | 016720 | | | | | QUALITY FIRST HOME HEALTH CARE INC |
| Lic Expire | 03/31/2019 | | | | | 1011 WESTLAKE DRIVE STE#201 |
| Medicare 1: | 747977 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | |
| Phone | (830) 387-5090 | Fax | (830) 387-5085 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA CASE BURGESS | | | Licensed and Certified Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 10/06/2005 | <u>Owner Information</u> |
| License # | 009343 | | | | | KINDSTAR INC |
| Lic Expire | 10/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | 45Q7821001 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (830) 627-1300 | Fax | (830) 627-1303 | | | Services: |
| Type: | Branch Agency | Administrator | DEBBIE BRYSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 11/06/2017 | <u>Owner Information</u> |
| License # | 018542 | | | | | ADVANCED HH, LLC |
| Lic Expire | 11/30/2019 | | | | | 1064 E IRELAND ST |
| Medicare 1: | 67Q7247004 | | | | | SEGUIN, TX 78155 |
| Medicare 2: | | | | | | |
| Phone | (830) 625-4144 | Fax | (830) 379-6388 | | | Services: |
| Type: | Branch Agency | Administrator | MICHAEL THIEL | | | Licensed and Certified Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 11/04/2016 | <u>Owner Information</u> |
| License # | 017723 | | | | | ALAMO AREA HOME HOSPICE LP |
| Lic Expire | 11/30/2018 | | | | | 3021 LORNA ROAD, STE#200 |
| Medicare 1: | 741665 | | | | | BIRMINGHAM, AL 35216 |
| Medicare 2: | | | | | | |
| Phone | (830) 387-2209 | Fax | (830) 500-3595 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGETTE ROBBINS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | COMAL | Region | 08 | Date Licensed | 04/18/2005 | <u>Owner Information</u> |
| License # | 009707 | | | | | TLC SENIOR CARE INC |
| Lic Expire | 04/30/2018 | | | | | 773 LOOP 337 |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (830) 629-0509 | Fax | (830) 629-0832 | | | Services: |
| Type: | Parent Agency | Administrator | CATHERINE TRLICA | | | Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 06/03/2017 | <u>Owner Information</u> |
| License # | 018346 | | | | | EMOSS HEALTHCARE INC |
| Lic Expire | 06/30/2019 | | | | | 317 W CHURCH ST SUITE 100 |
| Medicare 1: | 747685 | | | | | LIVINGSTON, TX 77351 |
| Medicare 2: | | | | | | |
| Phone | (281) 379-7052 | Fax | (281) 376-4357 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES BRIAN CARTER | | | Licensed and Certified Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 09/01/2017 | <u>Owner Information</u> |
| License # | 018423 | | | | | LHCG CXV LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 677544 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (830) 629-7568 | Fax | (830) 629-0615 | | | Services: |
| Type: | Parent Agency | Administrator | ELAINE S RAMOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 11/10/2009 | <u>Owner Information</u> |
| License # | 012989 | | | | | CIMA HOSPICE OF CENTRAL TEXAS LP |
| Lic Expire | 11/30/2019 | | | | | 14295 MIDWAY ROAD STE#400 |
| Medicare 1: | 671650 | | | | | DALLAS, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (830) 643-1971 | Fax | (830) 643-1964 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH HOPPER (MARQUIS) | | | Hospice |
| County | COMAL | Region | 08 | Date Licensed | 03/23/2016 | <u>Owner Information</u> |
| License # | 017323 | | | | | FINARI CORPORATION |
| Lic Expire | 03/31/2018 | | | | | 425 LOCH LOMOND DRIVE |
| Medicare 1: | | | | | | CIBOLO, TX 78108 |
| Medicare 2: | | | | | | |
| Phone | (830) 632-5887 | Fax | (830) 631-8048 | | | Services: |
| Type: | Parent Agency | Administrator | MATHEW BLANTON | | | Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 01/02/2015 | <u>Owner Information</u> |
| License # | 016590 | | | | | EQUALITY HOMECARE INC |
| Lic Expire | 01/31/2019 | | | | | 301 MAIN PLAZA PMB#149 |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (830) 500-2384 | Fax | (888) 879-9559 | | | Services: |
| Type: | Parent Agency | Administrator | TERESA LOPEZ | | | Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 10/06/2011 | <u>Owner Information</u> |
| License # | 014399 | | | | | HARBOR HOSPICE OF SAN ANTONIO LP |
| Lic Expire | 10/31/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 671747 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (830) 214-0477 | Fax | (830) 584-0662 | | | Services: |
| Type: | Parent Agency | Administrator | CHAD NOYES | | | Hospice |
| County | COMAL | Region | 08 | Date Licensed | 06/15/2007 | <u>Owner Information</u> |
| License # | 011399 | | | | | HIMMEL HOME HEALTH LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 310030 |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78131 |
| Medicare 2: | | | | | | |
| Phone | (830) 625-8338 | Fax | (830) 214-1842 | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER SCHRAEDER | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------------------|---------------|------------|--|
| County | COMAL | Region | 08 | Date Licensed | 03/15/2013 | <u>Owner Information</u> |
| License # | 015430 | | | | | HILL COUNTRY SENIOR SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 910 GRUENE RD BLDG#5A |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (830) 624-8380 | Fax | (830) 620-5381 | | | Services: |
| Type: | Parent Agency | Administrator | JEAN- MARC MIRA | | | Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 04/01/1988 | <u>Owner Information</u> |
| License # | 001917 | | | | | HOPE HOSPICE |
| Lic Expire | 03/31/2018 | | | | | 611 NORTH WALNUT |
| Medicare 1: | 451522 | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (830) 625-7500 | Fax | (830) 606-1388 | | | Services: |
| Type: | Parent Agency | Administrator | AUDRIE (NICKIE) NICOLE DRUMMON | | | Hospice |
| County | COMAL | Region | 08 | Date Licensed | 03/18/2014 | <u>Owner Information</u> |
| License # | 011575 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2018 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (830) 214-0039 | Fax | (830) 214-0318 | | | Services: |
| Type: | Branch Agency | Administrator | RHONDA CAIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 04/26/2017 | <u>Owner Information</u> |
| License # | 018189 | | | | | COMPASSION CARE INC |
| Lic Expire | 04/30/2019 | | | | | 1619 E. COMMON ST SUITE 702 |
| Medicare 1: | 67Q7681001 | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (210) 314-5749 | Fax | (210) 314-5751 | | | Services: |
| Type: | Branch Agency | Administrator | ROBERT CONTRERAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 04/26/2017 | <u>Owner Information</u> |
| License # | 018189 | | | | | COMPASSION CARE INC |
| Lic Expire | 04/30/2019 | | | | | 1619 E. COMMON ST SUITE 702 |
| Medicare 1: | 677681 | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (830) 627-7111 | Fax | (830) 627-7118 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT CONTRERAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | COMAL | Region | 08 | Date Licensed | 12/12/2007 | <u>Owner Information</u> |
| License # | 011760 | | | | | MHV, INC |
| Lic Expire | 12/31/2018 | | | | | 21586 IH 35 N, STE 101 |
| Medicare 1: | 747332 | | | | | NEW BRAUNFELS, TX 78132 |
| Medicare 2: | | | | | | |
| Phone | (210) 378-9873 | Fax | (866) 919-9455 | | | Services: |
| Type: | Parent Agency | Administrator | CASSANDRA ADAMS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 10/02/2000 | <u>Owner Information</u> |
| License # | 004137 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 12/31/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (830) 626-3525 | Fax | (830) 629-2465 | | | Services: |
| Type: | Branch Agency | Administrator | ALAN R. GARZA | | | Licensed Home Health Services, Personal Assistance Services |
| County | COMAL | Region | 08 | Date Licensed | 02/09/2017 | <u>Owner Information</u> |
| License # | 017455 | | | | | COSMOS HOSPICE OF SAN ANTONIO LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 |
| Medicare 1: | 671612 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (830) 730-4014 | Fax | (830) 515-5891 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | REBECCA PIANT | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | COMAL | Region | 08 | Date Licensed | 10/13/2015 | Owner Information |
| License # | 017225 | | | | | JMILL ENTERPRISES INC |
| Lic Expire | 10/31/2019 | | | | | 1491 S. MAIN STREET |
| Medicare 1: | | | | | | BOERNE, TX 78006 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 625-5414 | Fax | (830) 625-5395 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | JON MILLER | | | |
| County | COMAL | Region | 08 | Date Licensed | 01/29/2016 | Owner Information |
| License # | 017462 | | | | | HEART OF TEXAS HOSPICE LONESTAR LLC |
| Lic Expire | 01/31/2020 | | | | | 18568 FORTY SIX PARKWAY 3001A |
| Medicare 1: | 451712 | | | | | BULVERDE, TX 78070 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 730-7711 | Fax | (210) 568-6524 | | | Hospice |
| Type: | Parent Agency | Administrator | DARRAN DOLLARHIDE | | | |
| County | COMAL | Region | 08 | Date Licensed | 12/03/2015 | Owner Information |
| License # | 017160 | | | | | HEART OF TEXAS HOSPICE-HILL COUNTRY LLC |
| Lic Expire | 12/31/2019 | | | | | 18568 FORTY SIX PARKWAY SUITE 3001B |
| Medicare 1: | | | | | | SPRING BRANCH, TX 78070 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 730-7711 | Fax | (210) 568-6524 | | | Hospice |
| Type: | Parent Agency | Administrator | DARRAN DOLLARHIDE | | | |
| County | COMAL | Region | 08 | Date Licensed | 04/01/2011 | Owner Information |
| License # | 013997 | | | | | MKARE MANAGEMENT, INC |
| Lic Expire | 03/31/2019 | | | | | 20540 HWY 46 W. STE#115 PMB 409 |
| Medicare 1: | | | | | | SPRING BRANCH, TX 78070 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 663-0169 | Fax | (210) 579-7277 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LAURIE C MAYHUGH | | | |
| County | COMANCHE | Region | 02 | Date Licensed | 04/12/2016 | Owner Information |
| License # | 018546 | | | | | BROWNWOOD KLARUS LLC |
| Lic Expire | 04/30/2018 | | | | | 7688 HIGHWAY 67 / 377 |
| Medicare 1: | | | | | | COMANCHE, TX 76442 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 356-2806 | Fax | (325) 356-2676 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOSEPH DANIEL BRUCE | | | |
| County | COOKE | Region | 03 | Date Licensed | 03/20/2006 | Owner Information |
| License # | 010041 | | | | | E MEDICAL GROUP OF NORTH TEXAS INC |
| Lic Expire | 10/31/2019 | | | | | 106 S WASHBURN STREET |
| Medicare 1: | 45Q7786001 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 665-0944 | Fax | (940) 665-0984 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | SHANNON CORTEZ | | | |
| County | COOKE | Region | 03 | Date Licensed | 08/21/1994 | Owner Information |
| License # | 001861 | | | | | HOME HOSPICE OF GRAYSON COUNTY |
| Lic Expire | 08/31/2018 | | | | | PO BOX 2306 |
| Medicare 1: | 451518 | | | | | SHERMAN, TX 75091 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 665-9891 | Fax | (940) 665-8607 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | TINA GARNER | | | |
| County | COOKE | Region | 03 | Date Licensed | 07/05/1983 | Owner Information |
| License # | 003086 | | | | | GAINESVILLE HOSPITAL DISTRICT |
| Lic Expire | 07/31/2019 | | | | | 1900 HOSPITAL DRIVE |
| Medicare 1: | 457497 | | | | | GAINESVILLE, TX 76240 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 668-2094 | Fax | (940) 668-2445 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | GINA BEZNER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | COOKE | Region | 03 | Date Licensed | 02/07/2018 | Owner Information |
| License # | 018601 | | | | | CODAN INCORPORATED |
| Lic Expire | 02/29/2020 | | | | | 112 N DIXON |
| Medicare 1: | | | | | | GAINESVILLE, TX 76240 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 554-2999 | Fax | (940) 665-8228 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | WILLIAM DANIEL KNIGHT | | | |
| County | COOKE | Region | 03 | Date Licensed | 12/21/2011 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |
| County | COOKE | Region | 03 | Date Licensed | 01/31/1994 | Owner Information |
| License # | 002722 | | | | | MUENSTER HOSPITAL DISTRICT |
| Lic Expire | 01/31/2019 | | | | | P O BOX 370 |
| Medicare 1: | 677792 | | | | | MUENSTER, TX 76252 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 759-2262 | Fax | (940) 759-6196 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BRIAN ROLAND | | | |
| County | CORYELL | Region | 07 | Date Licensed | 09/16/2017 | Owner Information |
| License # | 018521 | | | | | MEP AND FAMILY HEALTH CARE AGENCY INC |
| Lic Expire | 09/30/2019 | | | | | 330 SOUTH MAIN STREET |
| Medicare 1: | 679420 | | | | | COPPERAS COVE, TX 76522 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 463-4302 | Fax | (214) 242-2233 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OCHENNA ONYEKWELU | | | |
| County | CORYELL | Region | 07 | Date Licensed | 07/24/1984 | Owner Information |
| License # | 001525 | | | | | CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY |
| Lic Expire | 07/31/2018 | | | | | 1507 WEST MAIN |
| Medicare 1: | 457668 | | | | | GATESVILLE, TX 76528 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 865-9233 | Fax | (254) 865-8605 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REBECCA TERRELL | | | |
| County | CRANE | Region | 09 | Date Licensed | 07/18/2016 | Owner Information |
| License # | 017531 | | | | | EVERLASTING GRACE PERSONAL ASSISTANCE SERVICES LIMITED LIABILITY |
| Lic Expire | 07/31/2018 | | | | | 2105 BROOK DR |
| Medicare 1: | | | | | | CRANE, TX 79731 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 558-6931 | Fax | (409) 291-4551 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA GUTIERREZ | | | |
| County | CRANE | Region | 09 | Date Licensed | 11/16/1992 | Owner Information |
| License # | 002412 | | | | | RURAL HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 935 |
| Medicare 1: | 677562 | | | | | CRANE, TX 79731 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 558-3251 | Fax | (432) 558-2335 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KANE KOLISEK | | | |
| County | CROCKETT | Region | 09 | Date Licensed | 12/17/2013 | Owner Information |
| License # | 016133 | | | | | CARTER HEALTHCARE OF DEL RIO, LLC |
| Lic Expire | 12/31/2019 | | | | | 2409 VETERANS BOULEVARD |
| Medicare 1: | 67Q9357001 | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 392-8200 | Fax | (325) 392-8202 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | DAVID BERNARD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | CROSBY | Region | 01 | Date Licensed | 10/04/2008 | Owner Information |
| License # | 012273 | | | | | CORDOVA BAY LTD |
| Lic Expire | 10/31/2018 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 677078 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 675-7321 | Fax | (806) 675-7329 | | | Services: |
| Type: | Parent Agency | Administrator | DANA L MADISON RN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/30/2011 | Owner Information |
| License # | 014614 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 11/30/2019 | | | | | 17855 NORTH DALLAS PKWY SUITE 200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (214) 726-1591 | Fax | (214) 726-1596 | | | Services: |
| Type: | Parent Agency | Administrator | LARETZI S. DEL RIO-FORD | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/13/2013 | Owner Information |
| License # | 015727 | | | | | ALTUS HOSPICE OF DALLAS LP |
| Lic Expire | 02/28/2019 | | | | | 4560 BELT LINE SUITE 404 |
| Medicare 1: | 451789 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (972) 761-9140 | Fax | (214) 221-8891 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE KENNON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 07/09/2014 | Owner Information |
| License # | 014100 | | | | | HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 1240 SOUTHRIDGE COURT, SUITE #106 |
| Medicare 1: | | | | | | HURST, TX 76053 |
| Medicare 2: | | | | | | |
| Phone | (817) 952-3093 | Fax | (817) 952-3095 | | | Services: |
| Type: | Branch Agency | Administrator | CATHY WILLIAMSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/13/2008 | Owner Information |
| License # | 012156 | | | | | AVAIL HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 15060 E BELTWOOD PARKWAY |
| Medicare 1: | 747175 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (214) 966-0466 | Fax | (214) 751-3663 | | | Services: |
| Type: | Parent Agency | Administrator | MAHROSH NAWAZ | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/2008 | Owner Information |
| License # | 012079 | | | | | ELYSIAN HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | 2537 GOLDEN BEAR DRIVE |
| Medicare 1: | 671613 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 224-1876 | Fax | (972) 224-1494 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA PATTON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/29/2010 | Owner Information |
| License # | 013087 | | | | | FIRST CLASS CAREGIVERS INC |
| Lic Expire | 01/31/2020 | | | | | 16415 ADDISON RD STE 150 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (214) 377-1760 | Fax | (972) 408-3436 | | | Services: |
| Type: | Parent Agency | Administrator | BERNIE FRANCIS | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/01/2015 | Owner Information |
| License # | 016883 | | | | | GRANDCARE HOME HEALTH LLC |
| Lic Expire | 04/30/2019 | | | | | 15851 DALLAS PKWY STE 620A |
| Medicare 1: | 747394 | | | | | DALLAS, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (469) 779-3643 | Fax | (469) 333-8002 | | | Services: |
| Type: | Parent Agency | Administrator | BRYAN BUNDERSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 10/20/2015 | Owner Information |
| License # | 017091 | | | | | CAPLAN HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 15750 SPECTRUM DRIVE #2227 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 363-3400 | Fax | (214) 363-3401 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JARED CAPLAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/30/2004 | Owner Information |
| License # | 009430 | | | | | ATKINS ELDER CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 14285 MIDWAY RD #430 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 243-6100 | Fax | (972) 243-6116 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LANE ATKINS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/19/2001 | Owner Information |
| License # | 007678 | | | | | HOME MEDICAL CARE INC |
| Lic Expire | 07/31/2019 | | | | | 4004 BELT LINE ROAD SUITE 230 |
| Medicare 1: | 679144 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 406-0003 | Fax | (972) 406-9620 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAUL S CHACKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/16/2003 | Owner Information |
| License # | 008464 | | | | | THERAPY MANAGEMENT SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 15820 ADDISON RD |
| Medicare 1: | 679341 | | | | | DALLAS, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 575-2999 | Fax | (214) 575-2727 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICKI ROGET | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/03/2012 | Owner Information |
| License # | 015128 | | | | | MGA HEALTHCARE TEXAS INC |
| Lic Expire | 07/31/2018 | | | | | 3131 E CAMELBACK RD SUITE 200 |
| Medicare 1: | | | | | | PHOENIX, AZ 85016 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 292-9900 | Fax | (214) 292-9809 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KEVIN WEISS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/04/2010 | Owner Information |
| License # | 013823 | | | | | SILVERADO SENIOR SERVICES OF TEXAS INC |
| Lic Expire | 10/31/2018 | | | | | 6400 OAK CANYON SUITE 200 |
| Medicare 1: | | | | | | IRVINE, CA 92618 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 233-5500 | Fax | (972) 233-5501 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISSETTE ROSARIO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/04/2010 | Owner Information |
| License # | 013821 | | | | | SILVERADO HOSPICE OF HOUSTON INC |
| Lic Expire | 10/31/2018 | | | | | 6400 OAK CANYON #200 |
| Medicare 1: | 671611 | | | | | IRVINE, CA 92618 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 409-9884 | Fax | (972) 385-8839 | | | Hospice |
| Type: | Parent Agency | Administrator | JERIANNE RANIERI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/06/2011 | Owner Information |
| License # | 014325 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 09/30/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 726-1591 | Fax | (214) 726-1596 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IARETZI FORD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/13/2012 | <u>Owner Information</u> |
| License # | 014770 | | | | | CANTEX HOME HEALTH LEWISVILLE LLC |
| Lic Expire | 02/29/2020 | | | | | 2537 GOLDEN BEAR DRIVE |
| Medicare 1: | 679407 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 434-9400 | Fax | (972) 434-9450 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHARI WILLOUGHBY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/16/2015 | <u>Owner Information</u> |
| License # | 016917 | | | | | AMERICANA CARE-CASA LUZ LLC |
| Lic Expire | 07/31/2019 | | | | | 3532 PLATTE DR |
| Medicare 1: | | | | | | BALCH SPRINGS, TX 75180 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 554-3478 | Fax | (972) 499-1032 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA AMERICA SANCHEZ | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/22/2017 | <u>Owner Information</u> |
| License # | 018528 | | | | | ADVOCATE SENIOR CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 11625 CUSTER RD STE 110-324 |
| Medicare 1: | | | | | | FRISCO, TX 75035 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 619-5632 | Fax | (888) 548-2767 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAURA WALKER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/16/2017 | <u>Owner Information</u> |
| License # | 017934 | | | | | AJ HOMECARE CONNECTION INC |
| Lic Expire | 01/31/2019 | | | | | 1925 E. BELT LINE SUITE 253 |
| Medicare 1: | 747797 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 412-5683 | Fax | (214) 607-0077 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUJA JOHN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/26/2006 | <u>Owner Information</u> |
| License # | 010766 | | | | | AIP GROUP LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 703802 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 619-5474 | Fax | (469) 619-5475 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAURIE MILLER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/07/2001 | <u>Owner Information</u> |
| License # | 008100 | | | | | BEST STAR HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 2840 KELLER SPRINGS ROAD SUITE 601 |
| Medicare 1: | 459476 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 631-7827 | Fax | (214) 631-3185 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOY STAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/25/2007 | <u>Owner Information</u> |
| License # | 011605 | | | | | CALVARY HEALTH CARE INC |
| Lic Expire | 09/30/2019 | | | | | 2840 KELLER SPRINGS ROAD BUILDING 8 |
| Medicare 1: | 747092 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 678-1950 | Fax | (214) 678-1940 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FABIAN OGALA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/28/2005 | <u>Owner Information</u> |
| License # | 009998 | | | | | CARE MOUNTAIN INC |
| Lic Expire | 09/30/2018 | | | | | 814 SHARPSHIRE |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 266-8978 | Fax | (469) 327-2784 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RICK PUTCHIO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 11/04/2009 | Owner Information |
| License # | 012943 | | | | | CAREPLUS HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 1039 N INTERSTATE 35 E, SUITE #304 |
| Medicare 1: | 747535 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (214) 234-1612 | Fax | (214) 261-9942 | | | Services: |
| Type: | Parent Agency | Administrator | ANIL JOSEPH | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/22/2013 | Owner Information |
| License # | 015559 | | | | | PEACE OF MIND CAREGIVERS, INC |
| Lic Expire | 05/31/2019 | | | | | 1925 E. BELTLINE ROAD SUITE 214 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (469) 208-5354 | Fax | (469) 287-7908 | | | Services: |
| Type: | Parent Agency | Administrator | MARK CURTIS JACKSON | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/14/2011 | Owner Information |
| License # | 013952 | | | | | CKC HOLDINGS LLC |
| Lic Expire | 03/31/2019 | | | | | 1000 W CROSBY LANE SUITE 136 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 237-0100 | Fax | (972) 237-0101 | | | Services: |
| Type: | Parent Agency | Administrator | CRAIG D PORTER | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/28/2011 | Owner Information |
| License # | 014084 | | | | | HOME TELEHEALTH LLC |
| Lic Expire | 02/28/2019 | | | | | 3330 EARTHART DR STE 210 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 938-0703 | Fax | (469) 548-6872 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID STANLEY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/14/2015 | Owner Information |
| License # | 016741 | | | | | DELTA HOSPICE LLC |
| Lic Expire | 04/30/2019 | | | | | 2410 LUNA RD SUITE 286 |
| Medicare 1: | 741597 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (214) 432-4358 | Fax | (214) 390-7994 | | | Services: |
| Type: | Parent Agency | Administrator | BIJILI VARANATH | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 06/01/2010 | Owner Information |
| License # | 013370 | | | | | FAMILY CARE NURSING PLLC |
| Lic Expire | 05/31/2018 | | | | | 2544 TARPLEY RD STE 3110 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 245-2273 | Fax | (877) 528-2085 | | | Services: |
| Type: | Parent Agency | Administrator | MARSHA ISBELL | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/16/2017 | Owner Information |
| License # | 018454 | | | | | GUARDIAN ANGELS AT HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 3207 SKYLANE DRIVE SUITE 110 |
| Medicare 1: | 679760 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 247-8203 | Fax | (972) 247-8805 | | | Services: |
| Type: | Parent Agency | Administrator | SHARMATHA RAJESH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/01/2017 | Owner Information |
| License # | 018535 | | | | | K S HOME HEALTHCARE INC |
| Lic Expire | 09/30/2019 | | | | | 1430 VALWOOD PARKWAY STE 160 |
| Medicare 1: | 747781 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 649-6400 | Fax | (972) 649-4604 | | | Services: |
| Type: | Parent Agency | Administrator | SAMIRA A AMLANI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2004 | <u>Owner Information</u> |
| License # | 009380 | | | | | MERIT HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 101 WEST STATE STREET |
| Medicare 1: | 679268 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (972) 272-2132 | Fax | (469) 381-7065 | | | Services: |
| Type: | Parent Agency | Administrator | JAYAN VARUGHESE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/26/2009 | <u>Owner Information</u> |
| License # | 012668 | | | | | AUGUSTUS HOLDINGS INC |
| Lic Expire | 06/30/2019 | | | | | 2125 N JOSEY LANE STE 100 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 446-0500 | Fax | (972) 820-5744 | | | Services: |
| Type: | Parent Agency | Administrator | LINDSAY ROSE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/21/2016 | <u>Owner Information</u> |
| License # | 017404 | | | | | SERAPHIC TOUCH KIDS CARE INC |
| Lic Expire | 01/31/2018 | | | | | 2410 LUNA ROAD STE 258 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (469) 441-6603 | Fax | (972) 863-7418 | | | Services: |
| Type: | Parent Agency | Administrator | BIJILI VARANATH | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/23/2014 | <u>Owner Information</u> |
| License # | 016629 | | | | | SOLID CARE HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 1500 E BELTLINE ROAD SUITE 200 |
| Medicare 1: | 743150 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 243-7017 | Fax | (972) 243-1400 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL UMUNNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/21/2013 | <u>Owner Information</u> |
| License # | 015823 | | | | | TEXAN HOSPICE PROVIDER LLC |
| Lic Expire | 10/31/2019 | | | | | 2410 LUNA ROAD STE 280 |
| Medicare 1: | 741548 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 243-3033 | Fax | (972) 243-3083 | | | Services: |
| Type: | Parent Agency | Administrator | STANLEY THOMAS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 02/27/2012 | <u>Owner Information</u> |
| License # | 014663 | | | | | NVS HEALTH INC |
| Lic Expire | 02/29/2020 | | | | | 2840 KELLER SPRINGS ROAD SUITE 901 |
| Medicare 1: | 671751 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 416-8500 | Fax | (972) 416-8533 | | | Services: |
| Type: | Parent Agency | Administrator | SANTHI S KUMAR | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 06/16/2015 | <u>Owner Information</u> |
| License # | 017068 | | | | | TEXAS HOME HEALTH PROVIDER LLC |
| Lic Expire | 06/30/2019 | | | | | 2410 LUNA RD STE 140 |
| Medicare 1: | 747718 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (972) 514-6630 | Fax | (972) 601-6631 | | | Services: |
| Type: | Parent Agency | Administrator | ELSY BENJAMIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/06/2017 | <u>Owner Information</u> |
| License # | 017839 | | | | | ULTIMATE HOSPICE LLC |
| Lic Expire | 01/31/2019 | | | | | 2410 LUNA RD SUITE 254 |
| Medicare 1: | 741688 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (214) 614-6744 | Fax | (214) 304-7279 | | | Services: |
| Type: | Parent Agency | Administrator | BIJILI VARANATH | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/29/2017 | Owner Information |
| License # | 018351 | | | | | VISION HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 2410 LUNA RD SUITE # 141 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (214) 390-9994 | Fax | (214) 432-6145 | | | Services: |
| Type: | Parent Agency | Administrator | BIJILI VARANATH | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/27/2016 | Owner Information |
| License # | 017427 | | | | | ESTARR GROUP LLC |
| Lic Expire | 05/31/2018 | | | | | 1410 HORTON DR |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (972) 293-8155 | Fax | (972) 293-8157 | | | Services: |
| Type: | Parent Agency | Administrator | DIAMOND VAUGHN | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/07/2008 | Owner Information |
| License # | 012258 | | | | | ALL SAINTS HOME HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 1269 LONGLEAF DRIVE |
| Medicare 1: | 747221 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (214) 476-3770 | Fax | (866) 497-1972 | | | Services: |
| Type: | Parent Agency | Administrator | MAGDALENE OSUNDE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/20/2001 | Owner Information |
| License # | 008103 | | | | | ANGELS HOME HEALTH AGENCY |
| Lic Expire | 07/31/2019 | | | | | P O BOX 622 |
| Medicare 1: | 679045 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (469) 454-6826 | Fax | (877) 850-5030 | | | Services: |
| Type: | Parent Agency | Administrator | SHIRLEY ASONIBE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/14/2014 | Owner Information |
| License # | 016084 | | | | | BLESSING U WITH LOVING CARE INC |
| Lic Expire | 03/31/2018 | | | | | 1006 PARKWOOD DRIVE |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (972) 293-8701 | Fax | (972) 293-8752 | | | Services: |
| Type: | Parent Agency | Administrator | ROSELYN DENISE KINGSBURY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/16/2016 | Owner Information |
| License # | 017745 | | | | | C&B BLUEPRINT HOME HEALTH CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 1403 BAKER DRIVE |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (469) 454-4936 | Fax | (469) 454-4936 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIANAH OBEISUN | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/02/2007 | Owner Information |
| License # | 011717 | | | | | AMESHI MANAGEMENT CORPORATION |
| Lic Expire | 08/31/2016 | | | | | 2439 VALLEY VIEW DR |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (469) 454-6826 | Fax | (877) 850-5030 | | | Services: |
| Type: | Parent Agency | Administrator | SHIRLEY ASONIBE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2004 | Owner Information |
| License # | 008997 | | | | | CAROL NZERIBE |
| Lic Expire | 03/31/2018 | | | | | PO BOX 622 |
| Medicare 1: | 457831 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (469) 454-6826 | Fax | (877) 850-5030 | | | Services: SHIRLEY ASONIBE Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIRLEY ASONIBE | | | CEDAR HILL, TX 75104 |
| County | DALLAS | Region | 03 | Date Licensed | 07/09/2015 | Owner Information |
| License # | 016901 | | | | | COMFORT CARE PROVIDER SERVICES, LLC |
| Lic Expire | 07/31/2019 | | | | | 206 OAK MEADOW LANE |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (972) 293-9631 | Fax | (214) 292-8843 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUDY ROSS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/29/2010 | Owner Information |
| License # | 013277 | | | | | DALLAS LENDING SOURCE LLC |
| Lic Expire | 04/30/2018 | | | | | 214 S MAIN ST SUITE 101-C |
| Medicare 1: | 747591 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (214) 893-3531 | Fax | (972) 499-2458 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELISSA GIPSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/19/2017 | Owner Information |
| License # | 018388 | | | | | HANDS OF PASSIONATE CARE, LLC |
| Lic Expire | 10/31/2019 | | | | | 1363 CALVERT DR |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (469) 835-0237 | Fax | (469) 835-0237 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | TENISHA DERRICK | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/17/2017 | Owner Information |
| License # | 018005 | | | | | IMI HOME HEALTH CARE, LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 3452 |
| Medicare 1: | | | | | | CEDAR HILL, TX 75106 |
| Medicare 2: | | | | | | |
| Phone | (214) 316-4402 | Fax | | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | INEZ ISLAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/14/2008 | Owner Information |
| License # | 011882 | | | | | MGA HOME HEALTH PLUS SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 1109 N HWY 67 SUITE #4 |
| Medicare 1: | 747321 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (972) 293-8555 | Fax | (972) 293-2855 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARCEL OSUJI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/23/2008 | Owner Information |
| License # | 012286 | | | | | KAY CARRINGTON |
| Lic Expire | 07/31/2018 | | | | | 101 KENYA STREET SUITE 114 |
| Medicare 1: | 458288 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (972) 293-3500 | Fax | (972) 293-3514 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | KAY CARRINGTON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017183 | | | | | YTB ENTERPRISE LLC |
| Lic Expire | 12/31/2017 | | | | | PO BOX 383144 |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75138 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 702-9513 | Fax | (972) 803-8086 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA HERNANDEZ | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/12/2013 | Owner Information |
| License # | 015866 | | | | | PRESTON WOOD PEDIATRICS LLC |
| Lic Expire | 11/30/2019 | | | | | 318 W BELT LINE ROAD STE 303 |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 349-1313 | Fax | (888) 371-6987 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WURNEICE W CUINGTON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/08/2017 | Owner Information |
| License # | 017944 | | | | | DANIEL RANDLE |
| Lic Expire | 03/31/2019 | | | | | 1003 PARKWAY TERRACE |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 291-0805 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANIEL RANDLE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/03/2018 | Owner Information |
| License # | 018541 | | | | | SILVER CHAIR HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 2733 ST GEORGE PL |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 606-2756 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERESA ANN WOODS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/20/2014 | Owner Information |
| License # | 016383 | | | | | SOUTHWEST PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 2829 EDEN DR |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 523-1429 | Fax | (972) 201-9003 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAREN JONES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/02/2017 | Owner Information |
| License # | 018420 | | | | | STABILITY HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 1221 REEVES LANE |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 228-3320 | Fax | (972) 293-7075 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUEL ASHILONU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/19/2009 | Owner Information |
| License # | 012455 | | | | | STARX INC |
| Lic Expire | 02/28/2019 | | | | | 610 UPTOWN BLVD STE 2000 |
| Medicare 1: | 747432 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 523-1373 | Fax | (469) 523-1374 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROFINA ANOSIKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/30/2016 | Owner Information |
| License # | 017600 | | | | | TRUE PROVIDENCE HEALTHCARE SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 1277 HIGHVIEW DR |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 434-1397 | Fax | (469) 476-1251 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELISTAR AWHEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/20/2006 | Owner Information |
| License # | 010556 | | | | | VCM HEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | | | | 300 ROLLING OAKS RIDGE |
| Medicare 1: | 679616 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (214) 716-9407 | Fax | (214) 367-4311 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR U EBOLUM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/01/2014 | Owner Information |
| License # | 016434 | | | | | VICMORE HOME HEALTH SOLUTIONS INC |
| Lic Expire | 05/31/2018 | | | | | 1020 LIGHTHOUSE CT |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (214) 247-7288 | Fax | (214) 247-7283 | | | Services: |
| Type: | Parent Agency | Administrator | DOROTHY OJIRIKA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/03/2009 | Owner Information |
| License # | 013027 | | | | | ASTER HOME HEALTHCARE LLC |
| Lic Expire | 12/31/2019 | | | | | 112 KINGSBRIDGE DR |
| Medicare 1: | 747522 | | | | | COPPELL, TX 75019 |
| Medicare 2: | | | | | | |
| Phone | (972) 360-7482 | Fax | (972) 906-7229 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS MATHEW | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/06/2018 | Owner Information |
| License # | 018592 | | | | | FLEMING&ASSOCIATES LLC |
| Lic Expire | 02/29/2020 | | | | | 339 TANGLEWOOD LANE |
| Medicare 1: | | | | | | COPPELL, TX 75019 |
| Medicare 2: | | | | | | |
| Phone | (972) 989-9527 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | BONNIE FLEMING | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/16/2009 | Owner Information |
| License # | 012624 | | | | | E COMFORT HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2017 | | | | | 249 WESTBURY DRIVE |
| Medicare 1: | 679526 | | | | | COPPELL, TX 75019 |
| Medicare 2: | | | | | | |
| Phone | (972) 745-4774 | Fax | (972) 745-4774 | | | Services: |
| Type: | Parent Agency | Administrator | ROSELINE ATIM EMENYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/19/2011 | Owner Information |
| License # | 014539 | | | | | GUIDANCE HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 602 WATERVIEW DR |
| Medicare 1: | 747875 | | | | | COPPELL, TX |
| Medicare 2: | | | | | | |
| Phone | (972) 672-3050 | Fax | (972) 459-7759 | | | Services: |
| Type: | Parent Agency | Administrator | JUSTIN ULAHANNAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/03/2015 | Owner Information |
| License # | 017309 | | | | | HOPE LAND HOME HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 1300 W WALNUT HILL LANE STE 106 |
| Medicare 1: | 743129 | | | | | IRVING, TX 75038 |
| Medicare 2: | | | | | | |
| Phone | (972) 518-0100 | Fax | (972) 518-8444 | | | Services: |
| Type: | Parent Agency | Administrator | SHAJIMON ALAPATT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/20/2012 | Owner Information |
| License # | 014991 | | | | | 12 OAKS MANAGEMENT SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 5310 HARVEST HILL ROAD SUITE 280 |
| Medicare 1: | | | | | | DALLAS, TX 75230 |
| Medicare 2: | | | | | | |
| Phone | (214) 871-2155 | Fax | (214) 368-7341 | | | Services: |
| Type: | Parent Agency | Administrator | KENDRA SIMPSON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/28/2014 | Owner Information |
| License # | 016348 | | | | | 1ST CHOICE RESOURCES INC |
| Lic Expire | 07/31/2018 | | | | | 2902 S BUCKNER BLVD SUITE 300 |
| Medicare 1: | | | | | | DALLAS, TX 75227 |
| Medicare 2: | | | | | | |
| Phone | (214) 575-5122 | Fax | (514) 452-9938 | | | Services: |
| Type: | Parent Agency | Administrator | VICKY MICHAELS | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/23/2015 | Owner Information |
| License # | 017049 | | | | | 24HR HOMECARE LLC |
| Lic Expire | 09/30/2019 | | | | | 300 NORTH SEPULVEDA BLVD SUITE 1065 |
| Medicare 1: | | | | | | EL SEGUNDO, CA 90245 |
| Medicare 2: | | | | | | |
| Phone | (214) 346-5343 | Fax | (214) 534-7678 | | | Services: |
| Type: | Parent Agency | Administrator | RYAN HARP | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/14/2005 | Owner Information |
| License # | 009587 | | | | | AARON HOME HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 4575 S WESTMORELAND ROAD |
| Medicare 1: | 673168 | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | |
| Phone | (214) 467-3880 | Fax | (214) 467-3886 | | | Services: |
| Type: | Parent Agency | Administrator | PENINNAH IHEMELU | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/15/2013 | Owner Information |
| License # | 015943 | | | | | ABASI HOME HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | 11110 PETAL ST SUITE 500 |
| Medicare 1: | 747472 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 553-5587 | Fax | (214) 553-1679 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIE ECHIKWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/12/2010 | Owner Information |
| License # | 013310 | | | | | ABB HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 6102 SILLMAN STREET SUITE 110 |
| Medicare 1: | 747524 | | | | | DALLAS, TX 75231 |
| Medicare 2: | | | | | | |
| Phone | (214) 340-4444 | Fax | (888) 340-3704 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM AIYEJENKU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/14/2007 | Owner Information |
| License # | 011616 | | | | | ACAPPELLA IN HOME CARE PLLC |
| Lic Expire | 06/30/2019 | | | | | 7920 BELTLINE ROAD, SUITE 380 |
| Medicare 1: | | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | |
| Phone | (214) 866-0085 | Fax | (214) 866-0068 | | | Services: |
| Type: | Parent Agency | Administrator | MEGAN KLEIMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/08/2018 | Owner Information |
| License # | 018604 | | | | | STOREY HOLDINGS LLC |
| Lic Expire | 02/29/2020 | | | | | 3102 MAPLE ST SUITE 400 |
| Medicare 1: | | | | | | DALLAS, TX 75201 |
| Medicare 2: | | | | | | |
| Phone | (214) 800-2345 | Fax | (954) 757-3009 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN ANTHONY VALENTINE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/05/2013 | Owner Information |
| License # | 015468 | | | | | ACHIEVE HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 4516 MILL CREEK ROAD |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (214) 444-6820 | Fax | (972) 591-2147 | | | Services: |
| Type: | Parent Agency | Administrator | LYNETTE K BENNETT | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 11/22/2006 | Owner Information |
| License # | 010896 | | | | | CHARLES MCGRUFF |
| Lic Expire | 11/30/2018 | | | | | 2506 S LANCASTER RD |
| Medicare 1: | 679768 | | | | | DALLAS, TX 75216 |
| Medicare 2: | | | | | | |
| Phone | (214) 371-8888 | Fax | (214) 371-8877 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNNY MCGRUFF | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/11/2013 | Owner Information |
| License # | 015471 | | | | | ADORATION HOMECARE, INC |
| Lic Expire | 04/30/2019 | | | | | P O BOX 542222 |
| Medicare 1: | | | | | | DALLAS, TX 75354 |
| Medicare 2: | | | | | | |
| Phone | (214) 951-5488 | Fax | (214) 553-1199 | | | Services: |
| Type: | Parent Agency | Administrator | CLIVE ANYANNA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/08/2008 | Owner Information |
| License # | 012089 | | | | | ADVANT HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 11615 FOREST CENTRAL DRIVE SUITE 205 |
| Medicare 1: | 747284 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 553-9712 | Fax | (214) 553-9713 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN UMOCHE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/09/2011 | Owner Information |
| License # | 014275 | | | | | ADVENT ONE HOME CARE AGENCY |
| Lic Expire | 08/31/2019 | | | | | 10925 ESTATE LANE SUITE 216 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 503-6854 | Fax | (214) 503-6853 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHEN NYAGABONA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/31/1999 | Owner Information |
| License # | 007146 | | | | | AFFORDABLE ELDER CARE INC |
| Lic Expire | 07/31/2019 | | | | | 12115 SELF PLAZA DRIVE |
| Medicare 1: | | | | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | |
| Phone | (972) 216-3500 | Fax | (972) 216-3511 | | | Services: |
| Type: | Parent Agency | Administrator | TOM VARUGHESE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/04/2005 | Owner Information |
| License # | 008557 | | | | | VICTORY INSTITUTE INC |
| Lic Expire | 07/31/2018 | | | | | 2318 SHILOH LANE |
| Medicare 1: | 67Q9481002 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (903) 469-5100 | Fax | (903) 498-5300 | | | Services: |
| Type: | Branch Agency | Administrator | THOMAS VARUGHESE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/17/2003 | Owner Information |
| License # | 008557 | | | | | VICTORY INSTITUTE INC |
| Lic Expire | 07/31/2018 | | | | | 2318 SHILOH LANE |
| Medicare 1: | 679481 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 285-2500 | Fax | (972) 285-2503 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS VARUGHESE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/15/2008 | Owner Information |
| License # | 012090 | | | | | ALCOMED HOMEHEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 9330 AMBERTON PKWY STE 2220 |
| Medicare 1: | 457990 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 442-5443 | Fax | (214) 570-8335 | | | Services: |
| Type: | Parent Agency | Administrator | LAWRENCE ARUM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2012 | Owner Information |
| License # | 016190 | | | | | ALINE HOME HEALTH CARE OF TEXAS INC |
| Lic Expire | 07/31/2018 | | | | | 1140 EMPIRE CENTRAL DRIVE STE 625 |
| Medicare 1: | 459472 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (214) 267-1707 | Fax | (214) 267-1720 | | | Services: |
| Type: | Parent Agency | Administrator | SIMON A ODUEZE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/15/2006 | Owner Information |
| License # | 010939 | | | | | ALL BY GRACE HOME HEALTH CARE INC |
| Lic Expire | 12/31/2017 | | | | | 1910 PACIFIC AVENUE, SUITE 10300 |
| Medicare 1: | 747377 | | | | | DALLAS, TX 75201 |
| Medicare 2: | | | | | | |
| Phone | (214) 550-0215 | Fax | (214) 550-0885 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER SAMUELS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/06/2003 | Owner Information |
| License # | 008631 | | | | | ALLIANCE A-PLUS HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 7125 MARVIN D LOVE FREEWAY SUITE 320 |
| Medicare 1: | 453183 | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | |
| Phone | (214) 596-9357 | Fax | (214) 596-0463 | | | Services: |
| Type: | Parent Agency | Administrator | DARCY WILLIAMS DONELSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/13/2016 | Owner Information |
| License # | 017520 | | | | | ALLIANCE UNITED HOSPICE CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 4230 LBJ FREEWAY SUITE 200G |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (972) 982-2823 | Fax | (866) 642-5839 | | | Services: |
| Type: | Parent Agency | Administrator | TANISHA WOODS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 11/24/2003 | Owner Information |
| License # | 008770 | | | | | ADC HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 9304 FOREST LN STE S-248 |
| Medicare 1: | 453117 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-2400 | Fax | (214) 221-2402 | | | Services: |
| Type: | Parent Agency | Administrator | DESMOND A IMOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/12/2014 | Owner Information |
| License # | 016378 | | | | | COVENANT PLUS HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 5430 GLEN LAKES DRIVE STE 260 |
| Medicare 1: | 747538 | | | | | DALLAS, TX 75231 |
| Medicare 2: | | | | | | |
| Phone | (214) 363-2559 | Fax | (866) 540-1396 | | | Services: |
| Type: | Parent Agency | Administrator | PAUL QUAID | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/20/2017 | Owner Information |
| License # | 018299 | | | | | SYNERHEALTH CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 1111 W MOCKINGBIRD LANE SUITE 950 |
| Medicare 1: | 741655 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (972) 480-4611 | Fax | (972) 421-1534 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHEN THOMAS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/16/2006 | Owner Information |
| License # | 010462 | | | | | ALPHA MK HEALTHCARE INC |
| Lic Expire | 05/31/2019 | | | | | 509 CREEK COURT |
| Medicare 1: | 679676 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (214) 351-5558 | Fax | (214) 351-5559 | | | Services: |
| Type: | Parent Agency | Administrator | PATIENCE ANYANNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 11/09/2009 | <u>Owner Information</u> |
| License # | 012982 | | | | | ALTRUIST HOME HEALTH CARE, INC |
| Lic Expire | 11/30/2019 | | | | | 6301 GASTON AVENUE SUITE 610 |
| Medicare 1: | 747470 | | | | | DALLAS, TX 75214 |
| Medicare 2: | | | | | | |
| Phone | (214) 328-8600 | Fax | (214) 328-8601 | | | Services: |
| Type: | Parent Agency | Administrator | LALANII WILSON JONES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/27/2017 | <u>Owner Information</u> |
| License # | 018531 | | | | | ALTRUIST HOSPICE, INC |
| Lic Expire | 12/31/2019 | | | | | 6301 GASTON SUITE 610 |
| Medicare 1: | | | | | | DALLAS, TX 75214 |
| Medicare 2: | | | | | | |
| Phone | (214) 328-8600 | Fax | (214) 328-8601 | | | Services: |
| Type: | Parent Agency | Administrator | LLANII JONES | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 12/17/2008 | <u>Owner Information</u> |
| License # | 012356 | | | | | PROVIDENCE SENIOR SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 13101 PRESTON RD STE 515 |
| Medicare 1: | | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 739-8886 | Fax | (972) 767-4209 | | | Services: |
| Type: | Parent Agency | Administrator | MARCUS GARDNER | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/29/2014 | <u>Owner Information</u> |
| License # | 016583 | | | | | SMILEY VENTURES INC |
| Lic Expire | 12/31/2018 | | | | | 2775 VILLA CREEK DR SUITE 120 |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 581-9877 | Fax | (972) 581-9956 | | | Services: |
| Type: | Parent Agency | Administrator | MAUREEN LYNCH | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/10/2013 | <u>Owner Information</u> |
| License # | 015807 | | | | | AMARIS HEALTH CARE, INC. |
| Lic Expire | 10/31/2019 | | | | | 13140 COIT ROAD STE 220 |
| Medicare 1: | | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 925-0766 | Fax | (972) 925-0761 | | | Services: |
| Type: | Parent Agency | Administrator | LILIANE DJILO OMGBA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/20/2014 | <u>Owner Information</u> |
| License # | 016315 | | | | | AMATUS HEALTH CARE LLC |
| Lic Expire | 02/29/2020 | | | | | 2735 VILLA CREEK DR STE 142 |
| Medicare 1: | 747682 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 249-4999 | Fax | (972) 468-6991 | | | Services: |
| Type: | Parent Agency | Administrator | SAJI RAJU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/04/2016 | <u>Owner Information</u> |
| License # | 017550 | | | | | CARELIFE HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 1908 ROYAL LANE SUITE 750 |
| Medicare 1: | 679651 | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | |
| Phone | (972) 638-8053 | Fax | (972) 755-4906 | | | Services: |
| Type: | Parent Agency | Administrator | LINH ATKINS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/19/2015 | <u>Owner Information</u> |
| License # | 016757 | | | | | HERALD HOME HEALTH CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 17311 N DALLAS PARKWAY SUITE # 245 |
| Medicare 1: | 747539 | | | | | DALLAS, TX 75248 |
| Medicare 2: | | | | | | |
| Phone | (972) 931-5400 | Fax | (972) 424-6519 | | | Services: |
| Type: | Parent Agency | Administrator | CANDACE ROBSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/16/2011 | Owner Information |
| License # | 014355 | | | | | NSN GROUP LLC |
| Lic Expire | 09/30/2019 | | | | | 17311 N DALLAS PARKWAY SUITE # 125 |
| Medicare 1: | 671707 | | | | | DALLAS, TX 75248 |
| Medicare 2: | | | | | | |
| Phone | (972) 931-5400 | Fax | (972) 931-5403 | | | Services: |
| Type: | Parent Agency | Administrator | CANDACE ROBSON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 07/18/2017 | Owner Information |
| License # | 018411 | | | | | STAR HEARTS INC |
| Lic Expire | 07/31/2019 | | | | | 10935 ESTATE LN SUITE S325 |
| Medicare 1: | 671597 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 267-1800 | Fax | (214) 267-1802 | | | Services: |
| Type: | Parent Agency | Administrator | FEBA RENJITH FINNEY | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 12/29/2014 | Owner Information |
| License # | 016680 | | | | | ANGELS OF CARE HOME HEALTH INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 12200 FORD ROAD SUITE # 350 |
| Medicare 1: | 747640 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 484-1362 | Fax | (214) 432-6161 | | | Services: |
| Type: | Parent Agency | Administrator | RENJI M PHILIPOSE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/19/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | |
| Phone | (972) 702-0300 | Fax | (972) 702-0301 | | | Services: |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/05/2016 | Owner Information |
| License # | 017476 | | | | | BETHANYA HOME HEALTH INC |
| Lic Expire | 04/30/2018 | | | | | 12300 FORD ROAD SUITE 322 B |
| Medicare 1: | 747548 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 396-8666 | Fax | (972) 528-7290 | | | Services: |
| Type: | Parent Agency | Administrator | SANTHI KUMAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2009 | Owner Information |
| License # | 012528 | | | | | AQUINAI HOME HEALTHCARE INC |
| Lic Expire | 03/31/2019 | | | | | 8330 LBJ FREEWAY STE 475 |
| Medicare 1: | 747348 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 792-9761 | Fax | (214) 954-7384 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL UDOESSIEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/04/1998 | Owner Information |
| License # | 006717 | | | | | ARIA HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 2351 W NORTHWEST HWY 3190 |
| Medicare 1: | 459370 | | | | | DALLAS, TX 75220 |
| Medicare 2: | | | | | | |
| Phone | (214) 366-1026 | Fax | (214) 366-1128 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA K GARCIA | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/24/2017 | Owner Information |
| License # | 018393 | | | | | ARIEL HEALTHCARE SYSTEM INC |
| Lic Expire | 09/30/2019 | | | | | 12989 JUPITER ROAD STE 105 |
| Medicare 1: | 747692 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-8136 | Fax | (214) 221-6933 | | | Services: |
| Type: | Parent Agency | Administrator | OGECHI EYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|-------------------------------------|--------------------|---------------|------------|---------------------------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/02/2016 | <u>Owner Information</u> | |
| License # | 017250 | ASSISTING HANDS OF PRESTON HOLLOW | | | | NPLH INC | |
| Lic Expire | 02/28/2018 | 6600 LBJ FREEWAY SUITE 188 | | | | 1501 CUTTINGHAM COURT | |
| Medicare 1: | | DALLAS, TX 75240 | | | | COPPEL, TX 75019 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (972) 998-3181 | Fax | | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERT MCCULLOUGH | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/26/2006 | <u>Owner Information</u> | |
| License # | 010489 | AT HOME PERSONAL CARE | | | | AHPC2 LLC | |
| Lic Expire | 05/31/2018 | 1910 PACIFIC AVENUE SUITE 13450 | | | | 7557 RAMBLER RD # 758 | |
| Medicare 1: | | DALLAS, TX 75201 | | | | DALLAS, TX 75231 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (214) 540-4940 | Fax | (214) 540-4941 | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LATONYA RICHARDSON | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/14/2012 | <u>Owner Information</u> | |
| License # | 015008 | AUGUSTINE AT EDGEMERE | | | | AUGUSTINE HOME HEALTH TEXAS LLC | |
| Lic Expire | 08/31/2018 | 8523 THACKERY STREET | | | | 8161 TEAL DRIVE STE 201 | |
| Medicare 1: | | DALLAS, TX 75225 | | | | EASTON, MD 21601 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (214) 265-5055 | Fax | (214) 265-5995 | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERITA GLANVILLE | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/17/2007 | <u>Owner Information</u> | |
| License # | 011457 | AUGUSTINE HOME HEALTH CARE | | | | THIRTEEN LAC INC | |
| Lic Expire | 01/31/2018 | 8523 THACKERY ST | | | | PO BOX 2058 | |
| Medicare 1: | | DALLAS, TX 75225 | | | | GARNER, NC 27529 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (214) 265-5055 | Fax | (214) 265-5995 | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERITA GLANVILLE | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/02/1994 | <u>Owner Information</u> | |
| License # | 003322 | AUTISM TREATMENT CENTER INC | | | | AUTISTIC TREATMENT CENTER INC | |
| Lic Expire | 12/31/2018 | 10503 METRIC DRIVE | | | | 10503 METRIC DRIVE | |
| Medicare 1: | | DALLAS, TX 75243 | | | | DALLAS, TX 75243 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (972) 644-2076 | Fax | (972) 644-5650 | | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNA P HUNDLEY | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/02/2013 | <u>Owner Information</u> | |
| License # | 015626 | AXEL HEALTHCARE, INC. | | | | AXEL HEALTHCARE, INC. | |
| Lic Expire | 07/31/2019 | 1349 EMPIRE CENTRAL DRIVE SUITE 270 | | | | P.O. BOX 182526 | |
| Medicare 1: | | DALLAS, TX 75247 | | | | ARLINGTON, TX 76096 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (972) 308-6627 | Fax | (972) 308-6628 | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCIS DEKU | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/25/2017 | <u>Owner Information</u> | |
| License # | 018203 | BAKER FAMILY SERVICES | | | | CLINTRICIA BAKER | |
| Lic Expire | 07/31/2019 | 4907 SPRING AVE SUITE 201 | | | | PO BOX 153107 | |
| Medicare 1: | | DALLAS, TX 75210 | | | | DALLAS, TX 75315 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (469) 565-6129 | Fax | (972) 587-7105 | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CLINTRICIA BAKER | | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/31/2011 | <u>Owner Information</u> | |
| License # | 014062 | BCP HEALTH CARE INCORPORATED | | | | BCP HEALTH CARE INCORPORATED | |
| Lic Expire | 01/31/2019 | 13601 PRESTON ROAD SUITE E102 | | | | 1704 TAMARACK DRIVE | |
| Medicare 1: | 747648 | DALLAS, TX 75240 | | | | WYLIE, TX 75098 | |
| Medicare 2: | | | | | | Services: | |
| Phone | (972) 834-7010 | Fax | (972) 442-9712 | | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DOROTHY E UKOHA | | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/17/2010 | <u>Owner Information</u> |
| License # | 013395 | | | | | BEGINNING N THE END HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 3120 LONGBOW DRIVE |
| Medicare 1: | | | | | | GRANDE PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 262-4455 | Fax | (866) 929-4853 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONTUNRAYO JOY ARIYO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/11/2017 | <u>Owner Information</u> |
| License # | 018053 | | | | | BELIEVING IN OUR FUTURE INC |
| Lic Expire | 05/31/2019 | | | | | 4232 WESTMORELAND RD |
| Medicare 1: | | | | | | DALLAS, TX 75233 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 213-1340 | Fax | (214) 242-8867 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERRIE ANDERSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/07/2004 | <u>Owner Information</u> |
| License # | 009081 | | | | | BENEFICIAL HOME HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 5787 SOUTH HAMPTON ROAD SUITE 255 |
| Medicare 1: | | | | | | DALLAS, TX 75232 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 330-7030 | Fax | (214) 330-7073 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMES HALL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/06/2018 | <u>Owner Information</u> |
| License # | 018594 | | | | | JUDITH JOHNSON |
| Lic Expire | 02/29/2020 | | | | | 9428 WOODHURST DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 231-2621 | Fax | (214) 666-3825 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUDITH JOHNSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/02/2008 | <u>Owner Information</u> |
| License # | 012040 | | | | | BEST CHOICE HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 12959 JUPITER RD STE 254 |
| Medicare 1: | 747533 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 613-2763 | Fax | (214) 231-2829 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDET ENOUDO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/20/2009 | <u>Owner Information</u> |
| License # | 012821 | | | | | BEST SHEPHERD HOME HEALTH SERVICES OF DALLAS INC |
| Lic Expire | 05/31/2019 | | | | | 9535 FOREST LANE STE 204 |
| Medicare 1: | 747417 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 217-4005 | Fax | (214) 217-4006 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EUCHARIA OKEREKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/15/2009 | <u>Owner Information</u> |
| License # | 012898 | | | | | BETHSAIDA HOME HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 3727 DILIDO ROAD # 136 |
| Medicare 1: | | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 445-0742 | Fax | (214) 445-6307 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | COMFORT EKPENYONG, LMSW | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/31/2017 | <u>Owner Information</u> |
| License # | 018389 | | | | | BEYONDFaITH HOMECARE & REHAB OF DALLAS LLC |
| Lic Expire | 08/31/2019 | | | | | 5340 LEGACY SRIVE STE 150 |
| Medicare 1: | 747625 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 980-9397 | Fax | (972) 980-9856 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHRISTINE K HALL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|--------------------------------------|--|
| County | DALLAS | Region | 03 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | BLOSSOM HOME HEALTHCARE SERVICES | |
| Lic Expire | | | | | 12959 JUPITER ROAD SUITE 253 | |
| Medicare 1: | | | | | DALLAS, TX 75238 | |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 906-6359 | Fax | (469) 906-6385 | | | |
| Type: | Parent Agency | Administrator | UKACHI AKOGU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/11/2005 | <u>Owner Information</u> |
| License # | 009695 | | | | BLOSSOM HOME HEALTHCARE SERVICES | BLOSSOM GROUPS CORPORATION |
| Lic Expire | 04/30/2018 | | | | 12959 JUPITER ROAD SUITE 253 | 9254 FOREST LANE #501 |
| Medicare 1: | 677807 | | | | DALLAS, TX 75238 | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 553-8770 | Fax | (214) 553-8750 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMILY EWURUM | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/24/2003 | <u>Owner Information</u> |
| License # | 008568 | | | | BLUEBONNET HOME CARE | TEXAS BLUEBONNET HOLDINGS INC |
| Lic Expire | 07/31/2019 | | | | 4144 N CENTRAL EXPRESSWAY STE 950 | 3613-B WEST PIONEER SUITE B |
| Medicare 1: | 679361 | | | | DALLAS, TX 75204 | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 828-9991 | Fax | (214) 828-9011 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEIDRA FETTINGER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/19/2005 | <u>Owner Information</u> |
| License # | 009709 | | | | BLUEBONNET HOME CARE | TEXAS BLUEBONNET HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | 4144 N CENTRAL EXPRESSWAY SUITE 950 | 3613 B W PIONEER PARKWAY |
| Medicare 1: | 677833 | | | | DALLAS, TX 75204 | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 569-5630 | Fax | (903) 569-9835 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CARRIE HUBER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/02/2006 | <u>Owner Information</u> |
| License # | 010273 | | | | BLUEBONNET HOSPICE OF EAST TEXAS INC | BLUEBONNET HOSPICE OF EAST TEXAS INC |
| Lic Expire | 02/28/2018 | | | | 4144 N. CENTRAL EXPRESSWAY SUITE 950 | 3613 B WEST PIONEER |
| Medicare 1: | 671544 | | | | DALLAS, TX 75204 | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 569-5379 | Fax | (903) 569-9835 | | | Hospice |
| Type: | Parent Agency | Administrator | GEORGE FETTINGER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/10/2008 | <u>Owner Information</u> |
| License # | 011919 | | | | BONYL HEALTHCARE SERVICES INC | BONYL HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | 2351 WEST NORTHWEST HWY SUITE 2135 | 400 RED CASTLE DR |
| Medicare 1: | 747161 | | | | DALLAS, TX 75220 | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 350-0075 | Fax | (214) 350-0095 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GODLING ONYEBUNWA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/09/2012 | <u>Owner Information</u> |
| License # | 015126 | | | | BOTAG HOME HEALTHCARE SERVICES INC | BOTAG HOME HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | 8035 E R L THORNTON FWY #586 | 8035 E RL THORNTON FWY STE 586 |
| Medicare 1: | | | | | DALLAS, TX 75228 | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 442-3081 | Fax | (972) 499-0018 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GERTRUDE M AKANNA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/14/2009 | <u>Owner Information</u> |
| License # | 012401 | | | | BREMA HEALTHCARE INC | BREMA HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | 5801 MARVIN D LOVE FREEWAY STE 204 | PO BOX 346 |
| Medicare 1: | 747205 | | | | DALLAS, TX 75237 | DESOTO, TX 75123 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 339-9466 | Fax | (214) 339-2733 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARTHA BRECKENRIDGE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-----------------------|--|--------------------------|---|
| County DALLAS | Region 03 | Date Licensed 09/16/2016 | Owner Information FOREST GATE HOSPICE INC 2111 N. BELT LINE ROAD SUITE 1 D MESQUITE, TX 75150 |
| License # 017631 | BRIGHT STAR HOSPICE CARE | | |
| Lic Expire 09/30/2018 | 10935 ESTATE LANE #475 A | | |
| Medicare 1: | DALLAS, TX 75238 | | |
| Medicare 2: | | | Services: |
| Phone (469) 730-4842 | Fax (469) 620-3137 | | Hospice |
| Type: Parent Agency | Administrator KOMAL SANDHU | | |
| County DALLAS | Region 03 | Date Licensed 04/08/2015 | Owner Information SUN SOUTH HOME-HEALTH ENTERPRISES INC 2401 KITTYHAWK DR PLANO, TX 75025 |
| License # 016729 | BRIGHTSTAR CARE OF UNIVERSITY PARK - NE CENTRAL DALLAS | | |
| Lic Expire 04/30/2019 | 7616 LBJ FREEWAY # 860 | | |
| Medicare 1: | DALLAS, TX 75251 | | |
| Medicare 2: | | | Services: |
| Phone (469) 200-4626 | Fax (469) 200-4621 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator AKBAR MEMARIANFARD | | |
| County DALLAS | Region 03 | Date Licensed 02/09/2015 | Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027 |
| License # 012043 | BROOKDALE AT HOME FORT WORTH | | |
| Lic Expire 06/30/2018 | 5550 HARVEST HILL ROAD | | |
| Medicare 1: | DALLAS, TX 75230 | | |
| Medicare 2: | | | Services: |
| Phone (972) 661-1856 | Fax | | Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator TAMIKA NEWMAN | | |
| County DALLAS | Region 03 | Date Licensed 10/04/2007 | Owner Information CALVARY HOME HEALTH AGENCY INC 3198 ROYAL LANE SUITE 212 DALLAS, TX 75229 |
| License # 011871 | CALVARY HOME HEALTH AGENCY INC | | |
| Lic Expire 10/31/2017 | 3198 ROYAL LANE SUITE 212 | | |
| Medicare 1: 457927 | DALLAS, TX 75229 | | |
| Medicare 2: | | | Services: |
| Phone (214) 654-0720 | Fax (214) 654-0722 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator DOROTHY UDECHUKWU | | |
| County DALLAS | Region 03 | Date Licensed 09/19/2014 | Owner Information CAMBRIDGE CAREGIVERS LLC 5720 LBJ FREEWAY SUITE #630 DALLAS, TX 75075 |
| License # 016438 | CAMBRIDGE CAREGIVERS LLC | | |
| Lic Expire 09/30/2018 | 5720 LBJ FREEWAY SUITE 630 | | |
| Medicare 1: | DALLAS, TX 75240 | | |
| Medicare 2: | | | Services: |
| Phone (972) 423-3600 | Fax (972) 423-5889 | | Personal Assistance Services |
| Type: Parent Agency | Administrator VADIM KRASOVITSKY | | |
| County DALLAS | Region 03 | Date Licensed 02/18/2010 | Owner Information CANAAAN HOME HEALTHCARE AGENCY LLC 9550 SKILLMAN STREET SUITE 107 DALLAS, TX 75243 |
| License # 013115 | CANAAAN HOME HEALTHCARE AGENCY LLC | | |
| Lic Expire 02/29/2020 | 9550 SKILLMAN STREET SUITE 107 | | |
| Medicare 1: 747567 | DALLAS, TX 75243 | | |
| Medicare 2: | | | Services: |
| Phone (214) 253-2244 | Fax (214) 253-2245 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator ESTHER OKORONKWO | | |
| County DALLAS | Region 03 | Date Licensed 07/06/2004 | Owner Information CANDID HOME HEALTH CARE SERVICES LLC 9319 LBJ FREEWAY SUITE # 205 DALLAS, TX 75243 |
| License # 009183 | CANDID HOME HEALTH CARE SERVICES LLC | | |
| Lic Expire 07/31/2018 | 9319 LBJ FREEWAY SUITE # 205 | | |
| Medicare 1: 457811 | DALLAS, TX 75243 | | |
| Medicare 2: | | | Services: |
| Phone (214) 879-0343 | Fax (214) 879-0373 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator THEOPHILUS E OKORO | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 10/01/2008 | Owner Information OCI ACQUISITION LLC 4300 SIGMA ROAD SUITE 130 DALLAS, TX 75244 |
| License # | 012311 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 677454 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 756-0500 | Fax | (972) 756-0448 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BARBARA J MENEFE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/30/2016 | Owner Information CAREONE CAREGIVING HOME HEALTH AGENCY 16416 LAUDER LN DALLAS, TX 75248 |
| License # | 017759 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 272-7635 | Fax | (214) 272-7635 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLENDA MCDANIEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/03/1998 | Owner Information CARESTAF OF DALLAS LP 1341 WEST MOCKINGBIRD LN SUITE 242W DALLAS, TX 75247 |
| License # | 006740 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 630-8844 | Fax | (214) 630-5115 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEVEN CAMERON TIPS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/20/1996 | Owner Information CAREWORKS HOME HEALTH SERVICES INC 13612 MIDWAY ROAD SUITE 103 DALLAS, TX 75244 |
| License # | 004589 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 678363 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 991-9966 | Fax | (972) 991-5577 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NGAN LINDA LE PANGILINAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/08/2010 | Owner Information CARING QUALITY HOME HEALTH SERVICES INC 10426 BLACKWALNUT DR DALLAS, TX 75243 |
| License # | 013443 | | | | | |
| Lic Expire | 07/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 377-9822 | Fax | (214) 432-4385 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PEACE CHUKWUMA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/06/2017 | Owner Information CARJO HOME HEALTH AGENCY LLC 13601 PRESTON ROAD SUITE 527W DALLAS, TX 75240 |
| License # | 017969 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 747174 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 348-4500 | Fax | (866) 490-8109 | | | Services: Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IVYONNE GARRETT | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/23/2010 | Owner Information CARMEL HEALTH CARE SERVICES PLLC 318 ROYAL LANE SUITE 204 DALLAS, TX 75229 |
| License # | 013264 | | | | | |
| Lic Expire | 02/29/2020 | | | | | |
| Medicare 1: | 677949 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 871-8100 | Fax | (972) 871-8104 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RAJAN CHIRAYIL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/18/1993 | Owner Information C C YOUNG MEMORIAL HOME 4847 WEST LAWTHER DR STE 100 DALLAS, TX 75214 |
| License # | 003140 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 747252 | | | | | |
| Medicare 2: | 451790 | | | | | |
| Phone | (214) 841-2825 | Fax | (214) 370-2830 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | PAULA JEAN WILLIAMS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/31/2008 | <u>Owner Information</u> |
| License # | 012229 | | | | | CENTENNIAL HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 4650 SOUTH HAMPTON RD |
| Medicare 1: | 747411 | | | | | DALLAS, TX 75232 |
| Medicare 2: | | | | | | |
| Phone | (214) 339-2776 | Fax | (214) 339-2784 | | | Services: |
| Type: | Parent Agency | Administrator | INITA M GRIFFIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/21/2013 | <u>Owner Information</u> |
| License # | 015822 | | | | | CEST LA VIE INC |
| Lic Expire | 10/31/2019 | | | | | 9330 LBJ FREEWAY SUITE 900 |
| Medicare 1: | 741602 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 438-3873 | Fax | (214) 438-3874 | | | Services: |
| Type: | Parent Agency | Administrator | SERGE UKAWILU | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 08/16/2006 | <u>Owner Information</u> |
| License # | 010683 | | | | | CHERISH HOME CARE NETWORK INC |
| Lic Expire | 08/31/2018 | | | | | 9319 LBJ FWY SUITE #217 |
| Medicare 1: | 747069 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-5399 | Fax | (214) 221-0330 | | | Services: |
| Type: | Parent Agency | Administrator | RUFINA NWOBASI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/31/2010 | <u>Owner Information</u> |
| License # | 013203 | | | | | OBIE C MBAKWE |
| Lic Expire | 03/31/2018 | | | | | PO BOX 2241 |
| Medicare 1: | | | | | | COPPELL, TX 75019 |
| Medicare 2: | | | | | | |
| Phone | (214) 350-8833 | Fax | (214) 396-0453 | | | Services: |
| Type: | Parent Agency | Administrator | OBIE MBAKWE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/17/2013 | <u>Owner Information</u> |
| License # | 015904 | | | | | CTW HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 4553 N LOOP 1604 W STE#1119 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (972) 331-9100 | Fax | (972) 331-9102 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLOTTE CHANDLER | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/16/2012 | <u>Owner Information</u> |
| License # | 014784 | | | | | TRUE VINE HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 4121 MARVIN D LOVE FWY BLVD 200 STE 202 |
| Medicare 1: | | | | | | DALLAS, TX 75224 |
| Medicare 2: | | | | | | |
| Phone | (214) 375-2323 | Fax | (214) 375-2411 | | | Services: |
| Type: | Parent Agency | Administrator | KAZEEM OYEWALE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/16/2001 | <u>Owner Information</u> |
| License # | 007763 | | | | | AT HOME CARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 520 HIGHLAND BLVD |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 540-5942 | Fax | (214) 540-5947 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIAN F CLAUSEN | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/25/2015 | <u>Owner Information</u> |
| License # | 016992 | | | | | LVG INTERNATIONAL LLC |
| Lic Expire | 08/31/2019 | | | | | 2300 VALLEY VIEW LN SUITE 222 |
| Medicare 1: | | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (972) 514-1405 | Fax | (469) 778-1409 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE EDWIN VILLARREAL GONZALEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/04/2003 | Owner Information |
| License # | 008489 | | | | | LJN SOLUTIONS INC |
| Lic Expire | 06/30/2018 | | | | | 13140 COIT RD STE 202 |
| Medicare 1: | | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 303-4599 | Fax | (214) 553-0045 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH BILOTTA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/1997 | Owner Information |
| License # | 005692 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 12/31/2018 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451622 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (214) 920-8450 | Fax | (214) 920-8436 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA JACKSON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 09/20/2012 | Owner Information |
| License # | 015335 | | | | | AUTUMN JOURNEY HOSPICE, INC. |
| Lic Expire | 09/30/2018 | | | | | 13747 MONTFORT DRIVE SUITE 107 |
| Medicare 1: | 671503 | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | |
| Phone | (972) 233-0525 | Fax | (214) 447-9480 | | | Services: |
| Type: | Parent Agency | Administrator | GERALD S AMEN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 08/02/2010 | Owner Information |
| License # | 013503 | | | | | COMPASSIONATE CARE HOSPICE OF NORTH TEXAS LLC |
| Lic Expire | 08/31/2018 | | | | | 13612 MIDWAY RD STE 294 |
| Medicare 1: | 671674 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (972) 547-3600 | Fax | (972) 547-3890 | | | Services: |
| Type: | Parent Agency | Administrator | JEFFREY P BOLING | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 02/15/2013 | Owner Information |
| License # | 015496 | | | | | CONNECTCARE THERAPY FOR KIDS |
| Lic Expire | 02/28/2019 | | | | | 4300 SIGMA ROAD SUITE 130 |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (512) 493-9700 | Fax | (512) 493-9701 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA J MENELEE | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/1995 | Owner Information |
| License # | 004402 | | | | | CORAM CVS SPECIALTY INFUSION SERVICES |
| Lic Expire | 11/30/2018 | | | | | 10105 TECHNOLOGY BLVD , SUITE 102 |
| Medicare 1: | | | | | | DALLAS, TX 75220 |
| Medicare 2: | | | | | | |
| Phone | (214) 351-8300 | Fax | (214) 351-8344 | | | Services: |
| Type: | Parent Agency | Administrator | BABS MAYERHAFFER | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/17/2008 | Owner Information |
| License # | 012256 | | | | | CORNERSTONE HOME HEALTH AGENCY |
| Lic Expire | 09/30/2018 | | | | | 13614 GAMMA ROAD STE 150 |
| Medicare 1: | 679716 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (469) 464-2296 | Fax | (469) 464-2298 | | | Services: |
| Type: | Parent Agency | Administrator | OLANIKE OLUWOLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/02/2011 | Owner Information |
| License # | 014337 | | | | | ALL ABOUT CARE HOMEHEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 12115 SELF PLAZA DR SUITE 101 |
| Medicare 1: | 743105 | | | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | |
| Phone | (972) 216-3530 | Fax | (972) 421-6585 | | | Services: |
| Type: | Parent Agency | Administrator | TOM VARUGHESE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 10/24/2006 | <u>Owner Information</u> |
| License # | 010825 | | | | | CREDENCE HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 9319 LBJ FREEWAY SUITE 203 |
| Medicare 1: | 679703 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 994-9200 | Fax | (972) 994-9201 | | | Services: |
| Type: | Parent Agency | Administrator | AGATHA ASONGANYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/15/2013 | <u>Owner Information</u> |
| License # | 015646 | | | | | CUSTOM CARE HEALTHCARE, INC |
| Lic Expire | 02/28/2019 | | | | | 6006 LBJ FREEWAY, STE 110 |
| Medicare 1: | 679672 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 242-5959 | Fax | (972) 242-5954 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS M GLEASON | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/25/2009 | <u>Owner Information</u> |
| License # | 013152 | | | | | KEYSTONE HOSPICE CARE INC |
| Lic Expire | 06/30/2019 | | | | | 1445 MACARTHUR DRIVE SUITE 200 |
| Medicare 1: | 451635 | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (972) 242-5959 | Fax | (972) 242-5954 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS M GLEASON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017845 | | | | | SNAAP ASSOCIATES LLC |
| Lic Expire | 08/31/2018 | | | | | 3939 US HIGHWAY 80 E, SUITE #236 |
| Medicare 1: | 747072 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 224-6100 | Fax | (972) 224-6101 | | | Services: |
| Type: | Parent Agency | Administrator | ALESA STERRETT | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/04/2013 | <u>Owner Information</u> |
| License # | 015697 | | | | | DALLAS HORIZON HOME HEALTH AGENCY LLC |
| Lic Expire | 04/30/2019 | | | | | 2775 VILLA CREEK DRIVE STE 123 |
| Medicare 1: | 453162 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 241-8633 | Fax | (972) 243-5482 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR ONYEDIKACHI UGWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/11/2010 | <u>Owner Information</u> |
| License # | 013623 | | | | | DANIELLA HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 9550 FOREST LANE STE 320 |
| Medicare 1: | 747612 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 503-0335 | Fax | (214) 503-0433 | | | Services: |
| Type: | Parent Agency | Administrator | FRED WAMBO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/17/2017 | <u>Owner Information</u> |
| License # | 018253 | | | | | DEFAITH HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | | | | 2331 GUS THOMASSON ROAD SUITE 137 |
| Medicare 1: | | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (469) 648-2105 | Fax | (214) 321-1326 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH C UGWA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/12/2004 | <u>Owner Information</u> |
| License # | 009249 | | | | | DELTA HOME HEALTH CARE |
| Lic Expire | 08/31/2018 | | | | | 10211 GARLAND ROAD |
| Medicare 1: | 457817 | | | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | |
| Phone | (214) 660-0685 | Fax | (214) 321-3598 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN OYIBO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/31/2012 | Owner Information |
| License # | 014968 | | | | | SSK ASSOCIATES INC |
| Lic Expire | 07/31/2018 | | | | | 2665 VILLA CREEK DRIVE SUITE 104-5 |
| Medicare 1: | 741514 | | | | | DALLAS, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (214) 227-8619 | Fax | (972) 528-7290 | | | Services: |
| Type: | Parent Agency | Administrator | ELSY BENJAMIN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 12/13/2012 | Owner Information |
| License # | 015484 | | | | | DESTINY'S HOME HEALTH CARE |
| Lic Expire | 12/31/2018 | | | | | 2331 GUS THOMASSON ROAD SUITE 137 |
| Medicare 1: | 679244 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (214) 321-1323 | Fax | (214) 321-1326 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH C UGWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/14/2016 | Owner Information |
| License # | 017357 | | | | | DEVOTED ASSISTANCE INC |
| Lic Expire | 04/30/2018 | | | | | 512 N HAMPTON ROAD #105 |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (860) 880-0256 | Fax | (972) 476-0971 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY TRAVIS YOUNG, II | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/2012 | Owner Information |
| License # | 015223 | | | | | LHCG XXXIII LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 51266 |
| Medicare 1: | 458444 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (214) 891-8700 | Fax | (214) 891-8799 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES NICHOLSON | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/31/2015 | Owner Information |
| License # | 017537 | | | | | HEBRON HOME HEALTH AND HOSPICE LLC |
| Lic Expire | 12/31/2017 | | | | | 8330 LBJ FREEWAY STE 720 |
| Medicare 1: | 741529 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 997-5941 | Fax | (972) 499-1864 | | | Services: |
| Type: | Parent Agency | Administrator | GARY GONZALES | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/03/2017 | Owner Information |
| License # | 017981 | | | | | ASTERA PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 8330 LBJ FREEWAY SUITE 720 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 997-5941 | Fax | (972) 499-1864 | | | Services: |
| Type: | Parent Agency | Administrator | KOSTYANTYN BONDARENKO | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/17/2017 | Owner Information |
| License # | 017973 | | | | | DIRECT HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 9862 PLANO ROAD STE #101-102 |
| Medicare 1: | 747842 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (877) 551-6668 | Fax | (877) 247-2003 | | | Services: |
| Type: | Parent Agency | Administrator | COURAGE EHIMWONZEE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/09/2017 | Owner Information |
| License # | 017842 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 01/31/2019 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (254) 776-6600 | Fax | (877) 463-1310 | | | Services: |
| Type: | Parent Agency | Administrator | FRANKIE DAVIS | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/30/2003 | Owner Information |
| License # | 004154 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 11/30/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 231-0425 | Fax | (877) 434-3153 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DARLENE MCGILLICK | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/29/2008 | Owner Information |
| License # | 012225 | | | | | DIVINE EDGE HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 8330 LBJ FREEWAY SUITE 345 |
| Medicare 1: | 747372 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 999-3107 | Fax | (888) 958-2383 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUYEMISI AKINODE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/29/2012 | Owner Information |
| License # | 014984 | | | | | AMRITA GROUP INC |
| Lic Expire | 07/31/2018 | | | | | 4230 LBJ FREEWAY SUITE 128 |
| Medicare 1: | 673172 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 242-6930 | Fax | (972) 242-6925 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LEELAVATHI NAMPUTHIRI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/31/2013 | Owner Information |
| License # | 015633 | | | | | DIVINEHEART HEALTHCARE INC |
| Lic Expire | 05/31/2019 | | | | | 12959 JUPITER RD STE 180 |
| Medicare 1: | 677945 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 452-6253 | Fax | (214) 231-9072 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GABRIEL NWACHUKWU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2010 | Owner Information |
| License # | 013454 | | | | | BETHANY PEACE HOME CARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 6613 TOSCANO DR |
| Medicare 1: | 747571 | | | | | ROWLETT, TX 75089 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 385-9100 | Fax | (972) 385-9114 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NERISSA M ONA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/15/2013 | Owner Information |
| License # | 015310 | | | | | E & C HOME HEALTHCARE CORPORATION |
| Lic Expire | 01/31/2019 | | | | | 1315 CHARDONNAY DRIVE |
| Medicare 1: | | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 704-2181 | Fax | (214) 628-9599 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHUCK OGBU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/27/2010 | Owner Information |
| License # | 013359 | | | | | EHS ENTERPRISE HOME HEALTH SOLUTIONS LLC |
| Lic Expire | 05/31/2018 | | | | | 1349 EMPIRE CENTRAL DRIVE SUITE 650 |
| Medicare 1: | 747588 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 637-1128 | Fax | (214) 637-2919 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JACKIE EUBANKS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018501 | | | | | ELI HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 9550 FOREST LANE SUITE 319 |
| Medicare 1: | 747088 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 807-2727 | Fax | (972) 807-2790 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENNETH ISIGUZO OCHLOR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/31/2005 | <u>Owner Information</u> |
| License # | 009560 | | | | | ELIM HOME HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | 8344 E RL THORNTON FREEWAY SUITE 315 |
| Medicare 1: | 457962 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (972) 290-9721 | Fax | (972) 288-1764 | | | Services: |
| Type: | Parent Agency | Administrator | JESSY O THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/05/2018 | <u>Owner Information</u> |
| License # | 018550 | | | | | ELIM HOSPICE LLC |
| Lic Expire | 01/31/2020 | | | | | 8344 E RL THORNTON FWY, SUITE 315E |
| Medicare 1: | | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (469) 340-2149 | Fax | (972) 288-1764 | | | Services: |
| Type: | Parent Agency | Administrator | LARRY BARTHEL | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 02/17/2015 | <u>Owner Information</u> |
| License # | 016647 | | | | | CLARISSIA JONES |
| Lic Expire | 02/28/2019 | | | | | 1846 E ROSEMADE #390 |
| Medicare 1: | | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (972) 318-9686 | Fax | (469) 375-5391 | | | Services: |
| Type: | Parent Agency | Administrator | CLARISSIA JONES | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/06/2016 | <u>Owner Information</u> |
| License # | 017496 | | | | | ELOQUENT-HIREH LLC |
| Lic Expire | 07/31/2018 | | | | | 10925 ESTATE LANE SUITE 158 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (972) 807-6868 | Fax | (972) 807-6742 | | | Services: |
| Type: | Parent Agency | Administrator | JANE O UWAGA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/15/2005 | <u>Owner Information</u> |
| License # | 009960 | | | | | EMINENT HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 870446 |
| Medicare 1: | 677937 | | | | | MESQUITE, TX 75187 |
| Medicare 2: | | | | | | |
| Phone | (214) 660-4404 | Fax | (214) 660-4406 | | | Services: |
| Type: | Parent Agency | Administrator | VALSAMMA KOSHY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/07/2008 | <u>Owner Information</u> |
| License # | 011957 | | | | | TEXAS SENIOR CARE LP |
| Lic Expire | 01/31/2020 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 678243 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (214) 503-7700 | Fax | (214) 503-1221 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE MIRKOVIC | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/20/2013 | <u>Owner Information</u> |
| License # | 015841 | | | | | APEX HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 6888 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 671733 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (214) 503-7700 | Fax | (214) 503-1221 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ADAM ALGER | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/27/2017 | <u>Owner Information</u> |
| License # | 018023 | | | | | ENDEAVOR HOSPICE LLC |
| Lic Expire | 04/30/2019 | | | | | 3458 ST CLOUD CIR |
| Medicare 1: | | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | |
| Phone | (214) 870-5178 | Fax | (214) 352-6136 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA PEREZ | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/02/2015 | Owner Information |
| License # | 017149 | | | | | DIVINE MERCY HOSPICE, PLLC |
| Lic Expire | 09/30/2019 | | | | | 400 SOUTH ZANG BLVD STE 1220 |
| Medicare 1: | 671623 | | | | | DALLAS, TX 75208 |
| Medicare 2: | | | | | | |
| Phone | (214) 751-8980 | Fax | (217) 751-8986 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN POULSEN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 06/23/2014 | Owner Information |
| License # | 015022 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (855) 949-4425 | Fax | (817) 698-9506 | | | Services: |
| Type: | Branch Agency | Administrator | ROBERT DENNIS | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/28/2012 | Owner Information |
| License # | 015022 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (469) 364-8600 | Fax | (469) 364-8595 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT DENNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/21/2014 | Owner Information |
| License # | 015993 | | | | | EVER DYNAMIC HOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2018 | | | | | 10935 ESTATE LANE SUITE 238 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 916-8240 | Fax | (214) 723-5658 | | | Services: |
| Type: | Parent Agency | Administrator | CHIMARAOKE ADIOLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/06/2016 | Owner Information |
| License # | 017471 | | | | | EXCEL HOME HEALTH SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 12200 FORD ROAD SUITE 340 |
| Medicare 1: | 679215 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 553-1205 | Fax | (972) 664-0572 | | | Services: |
| Type: | Parent Agency | Administrator | BABY GEORGE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/31/2005 | Owner Information |
| License # | 009934 | | | | | F & F DEVOTED HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 9304 FOREST LANE SUITE 275 |
| Medicare 1: | 679558 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 575-8565 | Fax | (214) 342-8566 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE IGBINIGIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/03/2009 | Owner Information |
| License # | 012941 | | | | | F & F HEALTHCARE SOLUTIONS LLC |
| Lic Expire | 11/30/2019 | | | | | 10925 ESTATE LANE #120 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (469) 250-7790 | Fax | (469) 250-7791 | | | Services: |
| Type: | Parent Agency | Administrator | MARILYN THOMPSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/24/2003 | Owner Information |
| License # | 008712 | | | | | GRACE PRESBYTERIAN MINISTRIES INC |
| Lic Expire | 10/31/2018 | | | | | 12477 MERIT DRIVE |
| Medicare 1: | 451754 | | | | | DALLAS, TX 75251 |
| Medicare 2: | | | | | | |
| Phone | (972) 239-5300 | Fax | (214) 413-1555 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN MEZO | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 05/24/2011 | Owner Information |
| License # | 014121 | | | | | LEAR SENIOR CARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 8070 PARK LANE SUITE 110 |
| Medicare 1: | | | | | | DALLAS, TX 75231 |
| Medicare 2: | | | | | | |
| Phone | (214) 363-1001 | Fax | (214) 363-1095 | | | Services: |
| Type: | Parent Agency | Administrator | AMY M RUTLEDGE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/18/2014 | Owner Information |
| License # | 016419 | | | | | FHL HOME CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 4512 LIVINGSTON AVE |
| Medicare 1: | | | | | | DALLAS, TX 75205 |
| Medicare 2: | | | | | | |
| Phone | (214) 520-7571 | Fax | (214) 396-1904 | | | Services: |
| Type: | Parent Agency | Administrator | LOLLIE SCHEBLE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2010 | Owner Information |
| License # | 013451 | | | | | FIRST CALL OF DALLAS INC |
| Lic Expire | 07/31/2018 | | | | | 8010 N STEMMONS FREEWAY SUITE 101 |
| Medicare 1: | | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (214) 631-9200 | Fax | (214) 631-9202 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN HOGUE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/15/2017 | Owner Information |
| License # | 018110 | | | | | APRMTX LLC |
| Lic Expire | 06/30/2019 | | | | | 12890 HILLCREST ROAD SUITE K207 |
| Medicare 1: | | | | | | DALLAS, TX 75230 |
| Medicare 2: | | | | | | |
| Phone | (214) 295-5285 | Fax | (214) 731-7052 | | | Services: |
| Type: | Parent Agency | Administrator | ARCHANA CHARI | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/13/2014 | Owner Information |
| License # | 016482 | | | | | BIO MEDICAL APPLICATIONS OF TEXAS INC |
| Lic Expire | 10/31/2016 | | | | | 6010 FOREST PARK RD #200 |
| Medicare 1: | | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | |
| Phone | (214) 366-2973 | Fax | (214) 352-2788 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ISABEL VALERA | | | Licensed Home Health Services with Dialysis |
| County | DALLAS | Region | 03 | Date Licensed | 11/22/2016 | Owner Information |
| License # | 017928 | | | | | FORTRESS HOME HEALTH AGENCY INC |
| Lic Expire | 11/30/2018 | | | | | 8330 LBJ FREEWAY STE 490 |
| Medicare 1: | 679790 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 283-9500 | Fax | (972) 283-9501 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL UDOESSIEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/06/2009 | Owner Information |
| License # | 012971 | | | | | FOUR SEASONS HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 531 CEDARBIRD TRAIL |
| Medicare 1: | 747467 | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (972) 925-0735 | Fax | (972) 925-0482 | | | Services: |
| Type: | Parent Agency | Administrator | LAWRENCE OLIOTI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2015 | Owner Information |
| License # | 016711 | | | | | FRANCES' FAMILY HOME HEALTH CARE, LLC |
| Lic Expire | 03/31/2019 | | | | | 5787 S HAMPTON RD ST 320 |
| Medicare 1: | | | | | | DALLAS, TX 75232 |
| Medicare 2: | | | | | | |
| Phone | (972) 290-0811 | Fax | (972) 290-0793 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET M SMOOT | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/04/2018 | Owner Information |
| License # | 018547 | | | | | MAURICE SIMMONS |
| Lic Expire | 01/31/2020 | | | | | 5008 HOLLAND AVENUE SUITE 16 |
| Medicare 1: | | | | | | DALLAS, TX 75209 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 643-6060 | Fax | (214) 594-6101 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAURICE SIMMONS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/30/2003 | Owner Information |
| License # | 008476 | | | | | FRIENDLY HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 1105 REGAL DRIVE |
| Medicare 1: | 679404 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 341-0741 | Fax | (214) 341-1312 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SYLVESTER AKUNNE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/22/2010 | Owner Information |
| License # | 013262 | | | | | FUNDAMENTAL CARE HOME HEALTH AGENCY INC |
| Lic Expire | 04/30/2018 | | | | | 2741 SPRING RAIN DR. |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 623-7837 | Fax | (972) 686-4922 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHEKWUBE OKOLIE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/15/2008 | Owner Information |
| License # | 012165 | | | | | LAKESHIA KIJUAN EALY |
| Lic Expire | 08/31/2018 | | | | | 9304 FOREST LANE STE S200 |
| Medicare 1: | 747499 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 342-2600 | Fax | (214) 342-2601 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAKESHIA EALY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018229 | | | | | GERYN HOME HEALTH CARE INC |
| Lic Expire | 08/31/2019 | | | | | 1825 MARKET CENTER BLVD SUITE 300 |
| Medicare 1: | 458496 | | | | | DALLAS, TX 75207 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 228-4960 | Fax | (972) 228-4994 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENDRA D. HASTY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/25/2016 | Owner Information |
| License # | 017885 | | | | | GIFT OF LIFE HOSPICE LLC |
| Lic Expire | 10/31/2018 | | | | | 10935 ESTATE LANE STE S 362 |
| Medicare 1: | 741512 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 770-0597 | Fax | (972) 770-0598 | | | Hospice |
| Type: | Parent Agency | Administrator | RENJITH FINNEY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/24/2010 | Owner Information |
| License # | 013727 | | | | | GIODERK HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 3439 BELLVILLE DR |
| Medicare 1: | 747663 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 603-2038 | Fax | (214) 321-0019 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUEL ONYIA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011756 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 739-6900 | Fax | (214) 739-8075 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PEGGY K MCCOLLUM | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/13/2015 | Owner Information |
| License # | 016602 | | | | | GLOBAL HOSPICE CARE INC |
| Lic Expire | 01/31/2019 | | | | | 10920 COMPOSITE DRIVE SUITE A |
| Medicare 1: | 741681 | | | | | DALLAS, TX 75220 |
| Medicare 2: | | | | | | |
| Phone | (817) 707-9580 | Fax | (469) 728-7437 | | | Services: |
| Type: | Parent Agency | Administrator | SUJA KURIAN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 06/29/2012 | Owner Information |
| License # | 014905 | | | | | WIPA CONSULTING INC |
| Lic Expire | 06/30/2018 | | | | | 15048 US HWY 75 STE 1 |
| Medicare 1: | | | | | | VAN ALSTYNE, TX 75495 |
| Medicare 2: | | | | | | |
| Phone | (214) 414-5929 | Fax | (903) 482-5800 | | | Services: |
| Type: | Parent Agency | Administrator | UZO UZOMA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/14/2016 | Owner Information |
| License # | 017618 | | | | | GLOVIS HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 6060 VILLAGE BEND DR #504 |
| Medicare 1: | 747806 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (972) 672-2899 | Fax | (972) 755-8720 | | | Services: |
| Type: | Parent Agency | Administrator | OMOBOLANLE GLORIA NOGHAYIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/06/2016 | Owner Information |
| License # | 017558 | | | | | REALITY HEALTH HOLDINGS INC |
| Lic Expire | 06/30/2018 | | | | | 10145 CRAWFORD FARMS |
| Medicare 1: | | | | | | FORT WORTH, TX 76244 |
| Medicare 2: | | | | | | |
| Phone | (214) 272-2188 | Fax | (214) 329-1573 | | | Services: |
| Type: | Parent Agency | Administrator | DEANDRA MITCHELL | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/12/2005 | Owner Information |
| License # | 009951 | | | | | GOLDEN STAR HOME HEALTH AGENCY INC |
| Lic Expire | 09/30/2019 | | | | | 8344 EAST R L THORNTON FRWY SUITE 410 |
| Medicare 1: | 677855 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (469) 726-0760 | Fax | (469) 726-0761 | | | Services: |
| Type: | Parent Agency | Administrator | CHIMATARA C NWOKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/23/2015 | Owner Information |
| License # | 016873 | | | | | GOOD HEALTH SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 9304 FOREST LANE SUITE S255 |
| Medicare 1: | 679337 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 660-8828 | Fax | (214) 660-8083 | | | Services: |
| Type: | Parent Agency | Administrator | JULIUS NNANDILOBI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/16/2003 | Owner Information |
| License # | 008810 | | | | | GOOD SAMARITAN HOME HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 2440 HARPERS FERRY CT |
| Medicare 1: | 679478 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 222-1282 | Fax | (972) 222-1493 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA N OKAFOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/15/2005 | Owner Information |
| License # | 009630 | | | | | GOOD SHEPHERD HOSPICE OF DALLAS LLC |
| Lic Expire | 03/31/2019 | | | | | 4350 WILL ROGERS PARKWAY SUITE 400 |
| Medicare 1: | 451799 | | | | | OKLAHOMA CITY, OK 73108 |
| Medicare 2: | | | | | | |
| Phone | (972) 870-9991 | Fax | (972) 870-9993 | | | Services: |
| Type: | Parent Agency | Administrator | EMILY BRADFORD | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/26/2013 | <u>Owner Information</u> |
| License # | 015732 | | | | | ENOCK MUOPERI |
| Lic Expire | 08/31/2019 | | | | | 203 WATERWOOD LN |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 772-7079 | Fax | (972) 279-1370 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ENOCK MUOPERI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/03/2008 | <u>Owner Information</u> |
| License # | 012288 | | | | | ALPHATRENDS INC |
| Lic Expire | 11/30/2018 | | | | | 2503 WHITETAIL DR |
| Medicare 1: | 747291 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 631-9900 | Fax | (214) 631-9902 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUEL UBANI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/14/2011 | <u>Owner Information</u> |
| License # | 013832 | | | | | GRADARK COMPASSION CARE INC |
| Lic Expire | 01/31/2019 | | | | | 1230 CRESTWICK DR |
| Medicare 1: | 747729 | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 516-1069 | Fax | (888) 607-7023 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GRACE DARKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/14/2015 | <u>Owner Information</u> |
| License # | 016742 | | | | | GRADARK COMPASSION CARE INC |
| Lic Expire | 04/30/2017 | | | | | 1230 CRESTWICK DR |
| Medicare 1: | | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 516-1069 | Fax | (888) 607-7023 | | | Hospice |
| Type: | Parent Agency | Administrator | GRACE DARKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/09/2016 | <u>Owner Information</u> |
| License # | 017452 | | | | | GRACE FOCUS CARE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 4236 LOVERS LANE |
| Medicare 1: | | | | | | DALLAS, TX 75225 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 750-4858 | Fax | (469) 458-6858 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HELLEN KAUGI KIMATHI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/07/2013 | <u>Owner Information</u> |
| License # | 015694 | | | | | GRACIA HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | | | | 9550 FOREST LANE STE 214 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 925-0120 | Fax | (800) 901-4794 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SOLOMON F TOCHE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/20/2014 | <u>Owner Information</u> |
| License # | 016493 | | | | | GREEN HILLS HOSPICE LLC |
| Lic Expire | 10/31/2018 | | | | | 2665 VILLA CREEK DRIVE, SUITE 254 |
| Medicare 1: | 741636 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 709-6565 | Fax | (972) 994-0253 | | | Hospice |
| Type: | Parent Agency | Administrator | NIEVA CUA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/01/2014 | <u>Owner Information</u> |
| License # | 016854 | | | | | GTG HEALTH SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 9319 LBJ FREEWAY SUITE 208 - A2 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 282-2077 | Fax | (877) 471-4343 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTHONY A ADEYEMO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/08/2018 | <u>Owner Information</u> |
| License # | 018602 | | | | | HANDS OF HEALING PROVIDER SERVICES PC |
| Lic Expire | 02/29/2020 | | | | | 2903 LAVANDA |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 416-7187 | Fax | (214) 331-2021 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADANNE OKENDU LACY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/08/2012 | <u>Owner Information</u> |
| License # | 015191 | | | | | HARBOR HOSPICE OF SOUTH DALLAS-FORT WORTH, LP |
| Lic Expire | 11/30/2018 | | | | | 3406 COLLEGE ST SUITE 200 |
| Medicare 1: | 741571 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 587-8400 | Fax | (972) 587-8395 | | | Hospice |
| Type: | Parent Agency | Administrator | KERRI BERRY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/22/2016 | <u>Owner Information</u> |
| License # | 017364 | | | | | HAVEN HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | 12160 NORTH ABRAMS RD SUITE 100 |
| Medicare 1: | 679291 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 644-3000 | Fax | (972) 644-3040 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHAEL MCGIBBON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/31/2013 | <u>Owner Information</u> |
| License # | 016287 | | | | | HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 200 |
| Medicare 1: | 457702 | | | | | AUGUSTA, GA 30903 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 882-8848 | Fax | (817) 882-8459 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WILLIE C SHERMAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/31/2013 | <u>Owner Information</u> |
| License # | 016065 | | | | | HOME HEALTH CARE SERVICES, LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 200 |
| Medicare 1: | 457667 | | | | | AUGUSTA, GA 30903 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 424-6100 | Fax | (214) 424-6112 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WILLIE C SHERMAN JR | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/05/2004 | <u>Owner Information</u> |
| License # | 009773 | | | | | 2M HEALTHWATCH PROFESSIONALS INC |
| Lic Expire | 04/30/2018 | | | | | 11520 N CENTRAL EXPY SUITE 220 |
| Medicare 1: | 679271 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 792-7770 | Fax | (972) 792-7448 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MAURICE NICOL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/18/2017 | <u>Owner Information</u> |
| License # | 018138 | | | | | SGHPC-B LLC |
| Lic Expire | 05/31/2019 | | | | | 7240 CHASE OAKS BLVD., |
| Medicare 1: | 741531 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 944-1453 | Fax | (214) 944-1458 | | | Hospice |
| Type: | Parent Agency | Administrator | WENDI MARTINEZ | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/25/2017 | <u>Owner Information</u> |
| License # | 017872 | | | | | HEARTS THAT CARE HOME CARE AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 9304 FOREST LANE STE 230 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 553-5774 | Fax | (214) 553-7063 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRACIE GRANT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 05/05/2011 | Owner Information |
| License # | 014365 | | | | | HEAVEN GLORIOUS HOME HEALTH AGENCY INC |
| Lic Expire | 05/31/2019 | | | | | 2665 VILLA CREEK DRIVE SUITE 248 |
| Medicare 1: | 747489 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 331-4477 | Fax | (972) 488-9200 | | | Services: |
| Type: | Parent Agency | Administrator | BREAGET FUMUDOHS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/16/2015 | Owner Information |
| License # | 017114 | | | | | HEAVEN ON EARTH HOME HEALTH AGENCY INC. |
| Lic Expire | 07/31/2019 | | | | | 10729 AUDELIA ROAD, STE #204 |
| Medicare 1: | 747619 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-0668 | Fax | (214) 221-0558 | | | Services: |
| Type: | Parent Agency | Administrator | MARTIN MBOE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/30/2008 | Owner Information |
| License # | 012285 | | | | | HEBRON HEALTH CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 9535 FOREST LN # 290 |
| Medicare 1: | 747304 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 807-2541 | Fax | (972) 807-2542 | | | Services: |
| Type: | Parent Agency | Administrator | IFEOMA N IROKWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/26/1997 | Owner Information |
| License # | 006074 | | | | | HIGH QUALITY HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 744224 |
| Medicare 1: | 459130 | | | | | DALLAS, TX 75374 |
| Medicare 2: | | | | | | |
| Phone | (972) 671-9393 | Fax | (972) 671-9396 | | | Services: |
| Type: | Parent Agency | Administrator | BLANKSON ASIAMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/06/2017 | Owner Information |
| License # | 017903 | | | | | HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP |
| Lic Expire | 02/28/2019 | | | | | 4164 SARANAC DRIVE |
| Medicare 1: | | | | | | DALLAS, TX 75220 |
| Medicare 2: | | | | | | |
| Phone | (214) 724-0234 | Fax | (214) 613-3113 | | | Services: |
| Type: | Parent Agency | Administrator | LORI DE LA TORRE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/10/2010 | Owner Information |
| License # | 013165 | | | | | HILFORD HOME HEALTHCARE LLC |
| Lic Expire | 03/31/2018 | | | | | 10935 ESTATE LANE SUITE #S241 |
| Medicare 1: | 747532 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (469) 363-1633 | Fax | (972) 329-2188 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE DAVIES-COLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/19/2014 | Owner Information |
| License # | 016382 | | | | | HEALTHCOR CAPITAL LLC |
| Lic Expire | 08/31/2018 | | | | | 10935 ESTATE LANE #213 |
| Medicare 1: | 741587 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-0070 | Fax | (888) 907-1614 | | | Services: |
| Type: | Parent Agency | Administrator | AQUA J UMOREN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/05/2018 | Owner Information |
| License # | 017091 | | | | | CAPLAN HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 15750 SPECTRUM DRIVE #2227 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (214) 363-3400 | Fax | (214) 363-3401 | | | Services: |
| Type: | Branch Agency | Administrator | JARED CAPLAN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/06/2015 | <u>Owner Information</u> |
| License # | 016637 | | HOME CARE BOOK | | | STAYHOME ROCKS LLC |
| Lic Expire | 02/28/2019 | | 12770 MERIT DRIVE SUITE 925 | | | 12770 MERIT DRIVE SUITE 925 |
| Medicare 1: | | | DALLAS, TX 75251 | | | DALLAS, TX 75251 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 377-0711 | Fax | (214) 390-3011 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NICHOLAS PAULEIT | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/27/2004 | <u>Owner Information</u> |
| License # | 008936 | | HOME CARE PROVIDERS OF TEXAS | | | DPP II INC |
| Lic Expire | 02/28/2019 | | 5339 ALPHA ROAD SUITE 200 | | | 5339 ALPHA ROAD SUITE 200 |
| Medicare 1: | 453157 | | DALLAS, TX 75240 | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 435-2249 | Fax | (972) 735-0821 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SUZANNE RAWLINGS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/21/2011 | <u>Owner Information</u> |
| License # | 014481 | | HOME HEALTH COMPANIONS | | | ANGARIA LLC |
| Lic Expire | 11/30/2019 | | 8215 WESTCHESTER SUITE 213 | | | 5015 W HANOVER AVE |
| Medicare 1: | | | DALLAS, TX 75225 | | | DALLAS, TX 75209 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 295-8213 | Fax | (214) 295-8261 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA SHARDON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/30/2008 | <u>Owner Information</u> |
| License # | 012366 | | HOME HEALTH PLUS INC | | | HOME HEALTH PLUS INC |
| Lic Expire | 10/31/2018 | | 12115 SELF PLAZA DR | | | 12115 SELF PLAZA DR |
| Medicare 1: | 457977 | | DALLAS, TX 75218 | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 341-6868 | Fax | (214) 341-6874 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | THOMAS VARUGHESE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/17/2013 | <u>Owner Information</u> |
| License # | 015485 | | HOME HEALTH PROFESSIONALS - DALLAS | | | RANCHLAND 2SP GROUP LLC |
| Lic Expire | 04/30/2019 | | 8150 N CENTRAL EXPRESSWAY SUITE M2130 | | | 4635 SOUTHWEST FREEWAY SUITE 540 |
| Medicare 1: | | | DALLAS, TX 75206 | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 368-1100 | Fax | (214) 368-1106 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LAUREN PHILLIPS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/15/2014 | <u>Owner Information</u> |
| License # | 016702 | | HOME HEALTH PROFESSIONALS DALLAS | | | DOCTORS APPROVED HOME HEALTH INC |
| Lic Expire | 12/31/2018 | | 8150 N CENTRAL EXPRESSWAY # M2103 | | | 8150 N CENTRAL EXPRESSWAY #M2103 |
| Medicare 1: | 457812 | | DALLAS, TX 75206 | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 368-1100 | Fax | (214) 368-1106 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAUREN PHILLIPS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/23/2010 | <u>Owner Information</u> |
| License # | 013569 | | HOME HELPERS #58064 | | | TEXAS HELPERS INC |
| Lic Expire | 09/30/2018 | | 8111 LYNDON B JOHNSON FWY SUITE #465 | | | 8111 LBJ FREEWAY SUITE 465 |
| Medicare 1: | | | DALLAS, TX 75251 | | | DALLAS, TX 75251 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 233-6636 | Fax | (972) 239-8678 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SCOTT SUTHERLAND | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/29/2014 | <u>Owner Information</u> |
| License # | 016452 | | HOME HELPERS & DIRECT LINK #58766 | | | NGUYEN/NELSON ENTERPRISES INC |
| Lic Expire | 09/30/2018 | | 9441 LBJ FREEWAY SUITE 215 | | | 3449 TIMBERVIEW RD |
| Medicare 1: | | | DALLAS, TX 75243 | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 269-0227 | Fax | (214) 444-7599 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JONATHAN D F NELSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|---------------------------------------|
| County | DALLAS | Region | 03 | Date Licensed | 12/27/2002 | Owner Information |
| License # | 008262 | | | | | OPPENHEIMER MARKS SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 5720 LBJ FREEWAY SUITE 185 |
| Medicare 1: | | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 239-3934 | Fax | (972) 239-5958 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY OPPENHEIMER MARKS | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2013 | Owner Information |
| License # | 015647 | | | | | RANEY FRANCHISES, LLC |
| Lic Expire | 07/31/2019 | | | | | 3660 GUINN GATE DRIVE |
| Medicare 1: | | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | |
| Phone | (972) 530-7145 | Fax | (972) 530-5131 | | | Services: |
| Type: | Parent Agency | Administrator | WENDY RANEY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/16/2016 | Owner Information |
| License # | 017579 | | | | | HONOR PC TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 3610 N JOSEY STREET #2 SUITE 223 |
| Medicare 1: | | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (877) 777-5116 | Fax | (415) 480-3933 | | | Services: |
| Type: | Parent Agency | Administrator | PHYLICA GRAYSON | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/29/2013 | Owner Information |
| License # | 015840 | | | | | HOPE PEDIATRICS LLC |
| Lic Expire | 10/31/2019 | | | | | 1420 W MOCKINGBIRD LANE #550 |
| Medicare 1: | | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (214) 396-4673 | Fax | (214) 396-4678 | | | Services: |
| Type: | Parent Agency | Administrator | JACINDA LAWTON | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/30/2003 | Owner Information |
| License # | 008690 | | | | | THI OF TEXAS AT SAMARITAN HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 10 CADILLAC DR SUITE 400 |
| Medicare 1: | 451629 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (972) 690-6632 | Fax | (972) 690-0834 | | | Services: |
| Type: | Parent Agency | Administrator | GLENN LE BLANC | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 08/04/2004 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (214) 343-7900 | Fax | (214) 343-2900 | | | Services: |
| Type: | Parent Agency | Administrator | RANDALL HICKS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/19/2016 | Owner Information |
| License # | 017226 | | | | | HOSPICE PROFESSIONALS INC |
| Lic Expire | 01/31/2018 | | | | | 2665 VILLA CREEK DR #245-C |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 735-6622 | Fax | (972) 681-7779 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE DEVADOSS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/21/2014 | Owner Information |
| License # | 015991 | | | | | HOSPICE PROVIDERS INC |
| Lic Expire | 01/31/2018 | | | | | 2665 VILLA CREEK DR # 245A |
| Medicare 1: | 741563 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 916-9063 | Fax | (888) 841-3657 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE DEVADOSS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/15/2011 | Owner Information |
| License # | 014027 | | | | | KMS HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | 12068 FORESTGATE DRIVE., SUITE B |
| Medicare 1: | 671622 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-9216 | Fax | (214) 221-9262 | | | Services: |
| Type: | Parent Agency | Administrator | VARGHESE CHACKO | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 11/28/2011 | Owner Information |
| License # | 014491 | | | | | HOUR FAMILY TX LLC |
| Lic Expire | 11/30/2019 | | | | | 10455 N CENTRAL EXPY SUITE 109457 |
| Medicare 1: | | | | | | DALLAS, TX 75231 |
| Medicare 2: | | | | | | |
| Phone | (972) 591-3241 | Fax | (972) 692-7618 | | | Services: |
| Type: | Parent Agency | Administrator | TYRONE WHITE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/21/2000 | Owner Information |
| License # | 007404 | | | | | HUMAN TOUCH HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 3727 DILIDO ROAD SUITE 138 |
| Medicare 1: | 679037 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (214) 275-8898 | Fax | (214) 275-9986 | | | Services: |
| Type: | Parent Agency | Administrator | COMFORT EKPENYONG | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/07/2008 | Owner Information |
| License # | 012295 | | | | | HUMANE HOME HEALTH SERVICES INCORPORATED |
| Lic Expire | 11/30/2018 | | | | | PO BOX 740634 |
| Medicare 1: | 747540 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 234-4100 | Fax | (972) 692-7026 | | | Services: |
| Type: | Parent Agency | Administrator | JACOB UDEME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/28/2015 | Owner Information |
| License # | 016969 | | | | | DELTACARE HOSPICE LLC |
| Lic Expire | 05/31/2019 | | | | | 10935 ESTATE LANE SUITE 475 |
| Medicare 1: | 671698 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 553-5675 | Fax | (214) 553-5676 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON GEORGE | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/29/2011 | Owner Information |
| License # | 014086 | | | | | INTEGRITY HOME CARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 2665 VILLA CREEK DR #245B |
| Medicare 1: | 679769 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 681-7777 | Fax | (972) 681-7779 | | | Services: |
| Type: | Parent Agency | Administrator | SHERRY MARTIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/11/2013 | Owner Information |
| License # | 010782 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 05/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (214) 360-9090 | Fax | (214) 987-4384 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRY SHELL | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/03/2014 | Owner Information |
| License # | 016225 | | | | | CAPITAL HOMECARE LP |
| Lic Expire | 01/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | 679384 | | | | | LUBBOCK, TX 75271 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 360-9090 | Fax | (214) 987-4384 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LORI SMITH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/13/2013 | Owner Information |
| License # | 014809 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 05/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | 671795 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 360-9090 | Fax | (214) 987-4384 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CURT BOATMAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/01/2003 | Owner Information |
| License # | 008790 | | | | | F C OF TEXAS INC |
| Lic Expire | 10/31/2018 | | | | | 4055 VALLEY VIEW LANE SUITE 750 |
| Medicare 1: | 677267 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 688-0330 | Fax | (214) 630-6061 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BLAKE ERDELY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/23/2015 | Owner Information |
| License # | 016763 | | | | | ANTHONY NGARUIYA & DENIS MWANGI |
| Lic Expire | 04/30/2019 | | | | | 2665 VILLA CREEK DR SUITE #A 121 |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 643-2964 | Fax | (817) 744-7728 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DENIS MWANGI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/08/2012 | Owner Information |
| License # | 014860 | | | | | JESSY EFFECTIVE HOME HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 2851 BRONCO DR |
| Medicare 1: | | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 735-6843 | Fax | (972) 572-0009 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSY OGBU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/10/2009 | Owner Information |
| License # | 012649 | | | | | J-JIREH HEALTHCARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 8500 N STEMMONS FRWY STE. 4080 |
| Medicare 1: | 747378 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 861-5540 | Fax | (972) 861-5542 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FLORENCE O NGWU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/01/1996 | Owner Information |
| License # | 005184 | | | | | JOHNSON HOME HEALTH CARE NURSING INC |
| Lic Expire | 07/31/2019 | | | | | 1130 SOUTH EWING AVENUE |
| Medicare 1: | 459445 | | | | | DALLAS, TX 75216 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 941-8585 | Fax | (214) 948-1631 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LEE V TAYLOR | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018139 | | | | | OMNICARE ASSOCIATES INC |
| Lic Expire | 04/30/2019 | | | | | 17480 DALLAS PKWY, STE 210 |
| Medicare 1: | 677492 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 828-0019 | Fax | (469) 828-4532 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KAREN TORTI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/02/2012 | Owner Information |
| License # | 014799 | | | | | JP AND P HEALTHCARE AGENCY INC |
| Lic Expire | 01/31/2020 | | | | | 11551 FOREST CENTRAL DRIVE STE#134 |
| Medicare 1: | 747513 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 772-6422 | Fax | (214) 647-1866 | | | Services: |
| Type: | Parent Agency | Administrator | JOY FLETCHER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/05/2013 | Owner Information |
| License # | 015467 | | | | | THERAPY BY DESIGN LLC |
| Lic Expire | 04/30/2019 | | | | | 2001 BRYAN ST SUITE 3125 |
| Medicare 1: | | | | | | DALLAS, TX 75201 |
| Medicare 2: | | | | | | |
| Phone | (469) 206-7349 | Fax | (469) 206-7531 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA CARTER | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011755 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 457223 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (214) 378-9913 | Fax | (469) 232-5417 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA LAWSON | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/01/1995 | Owner Information |
| License # | 004059 | | | | | FAMILY HOSPICE LTD |
| Lic Expire | 03/31/2018 | | | | | 12900 FOSTER STREET SUITE #400 |
| Medicare 1: | 451527 | | | | | OVERLAND, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (214) 231-3914 | Fax | (214) 630-4032 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA HAECKER | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 08/13/2009 | Owner Information |
| License # | 012781 | | | | | KINGS HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 9550 SKILLMAN STREET SUITE 102 |
| Medicare 1: | 747476 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-0147 | Fax | (214) 221-0175 | | | Services: |
| Type: | Parent Agency | Administrator | ADEKUNLE AKINWOLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/27/2008 | Owner Information |
| License # | 012077 | | | | | KOREAN HOME HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 1908 ROYAL LANE, STE#100 |
| Medicare 1: | 747139 | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | |
| Phone | (972) 241-9996 | Fax | (972) 241-9997 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID J. LEE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/07/2008 | Owner Information |
| License # | 012259 | | | | | LAKESHORE HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 9550 FOREST LANE SUITE 102 |
| Medicare 1: | 747320 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 348-9700 | Fax | (214) 348-9701 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONY NWEDO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/28/2013 | Owner Information |
| License # | 015565 | | | | | LAKEVIEW PRIMARY HOMECARE, LLC |
| Lic Expire | 05/31/2019 | | | | | 9304 FOREST LN STE N250 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 900-5323 | Fax | (214) 594-7421 | | | Services: |
| Type: | Parent Agency | Administrator | FRED WAMBO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 05/06/2016 | <u>Owner Information</u> |
| License # | 017384 | | | | | LATCHKEY HOME SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 3831 TURTLE CREEK BLVD 12B |
| Medicare 1: | | | | | | DALLAS, TX 75219 |
| Medicare 2: | | | | | | |
| Phone | (214) 636-9336 | Fax | (214) 978-5350 | | | Services: |
| Type: | Parent Agency | Administrator | ROSALIE DRUMMOND LORENZEN | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/11/2011 | <u>Owner Information</u> |
| License # | 014028 | | | | | LEGEND HOSPICE INC |
| Lic Expire | 04/30/2019 | | | | | 8344 E RL THORNTON FWY SUITE 315 |
| Medicare 1: | 671731 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (214) 324-4565 | Fax | (972) 288-1764 | | | Services: |
| Type: | Parent Agency | Administrator | LARRY BARTHEL | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/09/2014 | <u>Owner Information</u> |
| License # | 015966 | | | | | LG CARE PLUS, LLC |
| Lic Expire | 01/31/2018 | | | | | 12000 FORD RD STE A443 |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 952-0316 | Fax | (972) 798-8456 | | | Services: |
| Type: | Parent Agency | Administrator | LOIDA E GOMEZ | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/05/2016 | <u>Owner Information</u> |
| License # | 017646 | | | | | LG CHARITY HOME HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 9535 FOREST LANE STE 246 |
| Medicare 1: | 747063 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (469) 372-0882 | Fax | (469) 372-0900 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN EBEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/13/2016 | <u>Owner Information</u> |
| License # | 017487 | | | | | LIBERTY AT HOME DIALYSIS LLC |
| Lic Expire | 05/31/2018 | | | | | 5535 RED BIRD CENTER DRIVE, SUITE#150 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 331-1112 | Fax | (214) 331-1115 | | | Services: |
| Type: | Parent Agency | Administrator | JOAN KAY TRAVIS | | | Licensed Home Health Services with Dialysis |
| County | DALLAS | Region | 03 | Date Licensed | 05/03/2010 | <u>Owner Information</u> |
| License # | 013288 | | | | | LIFE WALK HOME HEALTH LLC |
| Lic Expire | 05/31/2018 | | | | | 1101 ANNALEA COVE DRIVE |
| Medicare 1: | 747812 | | | | | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (214) 295-8288 | Fax | (214) 295-5454 | | | Services: |
| Type: | Parent Agency | Administrator | JEENA DOMINIC | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/08/2016 | <u>Owner Information</u> |
| License # | 017395 | | | | | LIFEPOINTE HOSPICE DALLAS METROPLEX LLC |
| Lic Expire | 03/31/2018 | | | | | 12425 ISLAND DRIVE |
| Medicare 1: | | | | | | TOMBALL, TX 77377 |
| Medicare 2: | | | | | | |
| Phone | (214) 420-4014 | Fax | (214) 420-4016 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA ROSE JOHNSON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 11/17/2016 | <u>Owner Information</u> |
| License # | 017748 | | | | | LIFEPOINTE HOSPICE DALLAS METROPLEX LLC |
| Lic Expire | 11/30/2018 | | | | | 12425 ISLAND DRIVE |
| Medicare 1: | 671691 | | | | | TOMBALL, TX 77377 |
| Medicare 2: | | | | | | |
| Phone | (214) 420-4014 | Fax | (214) 420-4016 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA ROSS JOHNSON | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 03/12/2013 | <u>Owner Information</u> |
| License # | 015425 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 03/31/2019 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANKIE DAVIS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/18/2006 | <u>Owner Information</u> |
| License # | 010814 | | | | | LONE STAR LOVE AND CARE INC |
| Lic Expire | 10/31/2018 | | | | | 9850 WALNUT ST |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 575-7992 | Fax | (972) 644-7495 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GRACIELA NAVARRETE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/15/2012 | <u>Owner Information</u> |
| License # | 015013 | | | | | LOVING HANDS PEDIATRIC HOME HEALTHCARE |
| Lic Expire | 08/31/2018 | | | | | 13800 MONTFORT DR STE 260 |
| Medicare 1: | | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 661-5444 | Fax | (855) 858-5444 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | YUSEF ABOU KAYYAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/27/2006 | <u>Owner Information</u> |
| License # | 010578 | | | | | MACHRIS HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 9401 LBJ FREEWAY SUITE 107 |
| Medicare 1: | 743101 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 628-9065 | Fax | (214) 628-9070 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY MAWEN NGONG | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/28/2005 | <u>Owner Information</u> |
| License # | 009999 | | | | | MAIN HOMEHEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 3435 HIGHLAND ROAD SUITE 120 |
| Medicare 1: | 677868 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 256-4013 | Fax | (214) 256-4092 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MUSTAFA ARASAH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/13/2008 | <u>Owner Information</u> |
| License # | 012157 | | | | | MANDATE HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 4005 RANDALL LANE |
| Medicare 1: | 747349 | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 353-9400 | Fax | (214) 353-9406 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMEKA N NNAJI SR | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/20/2007 | <u>Owner Information</u> |
| License # | 011933 | | | | | MARVELOUS CHOICE HOME HEALTH INC |
| Lic Expire | 12/31/2019 | | | | | 8035 E RL THORNTON FWY STE 452 |
| Medicare 1: | 677896 | | | | | DALLAS, TX 75288 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 324-9099 | Fax | (214) 324-3090 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTIANA LEKWUWA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/09/2011 | <u>Owner Information</u> |
| License # | 014518 | | | | | MAXI HOMECARE SERVICES INC |
| Lic Expire | 12/31/2017 | | | | | 9550 SKILLMAN ST. STE #307 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 497-5434 | Fax | (214) 509-9452 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSELAINE E SIMO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012920 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | 458446 | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | |
| Phone | (214) 370-3385 | Fax | (214) 823-2587 | | | Services: |
| Type: | Parent Agency | Administrator | LISA MALONE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/28/2015 | Owner Information |
| License # | 017056 | | | | | MBKC HEALTHCARE INC. |
| Lic Expire | 09/30/2019 | | | | | 1140 EMPIRE CENTRAL DRIVES STE #350 |
| Medicare 1: | | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (469) 757-4217 | Fax | (972) 745-2390 | | | Services: |
| Type: | Parent Agency | Administrator | AKINOLA FAMAKINWA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/16/2017 | Owner Information |
| License # | 018247 | | | | | MDH HEALTHCARE AGENCY LLC |
| Lic Expire | 08/31/2019 | | | | | 14241 DALLAS PARKWAY |
| Medicare 1: | | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | |
| Phone | (469) 810-4520 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | LYNNETTE BRUMSEY | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/20/2011 | Owner Information |
| License # | 013838 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 01/31/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (214) 373-1111 | Fax | (214) 238-8080 | | | Services: |
| Type: | Parent Agency | Administrator | KAMLA BEHARRYAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/21/2017 | Owner Information |
| License # | 018192 | | | | | MERIT HOSPICE LLC |
| Lic Expire | 07/31/2019 | | | | | 8150 N CENTRAL EXPRESSWAY SUITE #M2105 |
| Medicare 1: | | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (214) 368-1154 | Fax | (214) 368-1155 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER BECKHAM | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/07/2004 | Owner Information |
| License # | 009080 | | | | | MERITCARE HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2017 | | | | | 10918 GIDDINGS CIRCLE |
| Medicare 1: | 457964 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 343-6800 | Fax | (214) 341-6100 | | | Services: |
| Type: | Parent Agency | Administrator | WALTER EVANS EKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/16/2015 | Owner Information |
| License # | 016746 | | | | | MESQUITE HOSPICE INC |
| Lic Expire | 04/30/2019 | | | | | 10935 ESTATE LANE SUITE S 400 B |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (972) 288-2700 | Fax | (972) 288-2702 | | | Services: |
| Type: | Parent Agency | Administrator | NAN TOMLIN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/30/2007 | Owner Information |
| License # | 011035 | | | | | METROSTAR HEALTHCARE SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 12300 FORD ROAD SUITE 455 |
| Medicare 1: | 747246 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 331-3133 | Fax | (972) 331-3135 | | | Services: |
| Type: | Parent Agency | Administrator | MARY U EGWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 03/09/2007 | Owner Information |
| License # | 011144 | | | | | PEDIATRIC ENTERPRISES OF TEXAS INC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 181045 |
| Medicare 1: | | | | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 324-4431 | Fax | (214) 324-4664 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SARAH RUPP BLANCHARD | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/2006 | Owner Information |
| License # | 010587 | | | | | MHS MISSIONCARE HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 3435 HIGHLAND RD STE 115 |
| Medicare 1: | 673194 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 321-7600 | Fax | (214) 321-7603 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMUEL E NWANKWO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/06/2016 | Owner Information |
| License # | 017985 | | | | | MONARCH HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 9304 FOREST LANE SUTIE # S131 |
| Medicare 1: | 747638 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 628-5410 | Fax | (972) 476-1284 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAJAN THOMAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/18/2005 | Owner Information |
| License # | 010143 | | | | | MONARCH HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 9304 FOREST LANE STE S-100 |
| Medicare 1: | 679591 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 629-6158 | Fax | (972) 629-6246 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTHONY NJUGOH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/07/2007 | Owner Information |
| License # | 011747 | | | | | MORRIS INFINITE HEALTHCARE SERVICES INCORPORATED |
| Lic Expire | 12/31/2019 | | | | | 11520 N CENTRAL EXPWY STE 124 |
| Medicare 1: | 747172 | | | | | DALLAS, TX 75243 |
| Medicare 2: | 741608 | | | | | Services: |
| Phone | (214) 342-0300 | Fax | (214) 342-0301 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | HENRIETTA S MORRIS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/13/2006 | Owner Information |
| License # | 010804 | | | | | MULTI CHOICE HOME HEALTH SERVICES INCORPORATED |
| Lic Expire | 10/31/2018 | | | | | 2501 BREANNA WAY |
| Medicare 1: | 747250 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 221-3343 | Fax | (214) 221-3386 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | OKWO EWAH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/14/2003 | Owner Information |
| License # | 008599 | | | | | MYCARE PERSONAL ASSISTANCE LLC |
| Lic Expire | 08/31/2018 | | | | | 9304 FOREST LANE SUITE 170 NORTH |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 914-5187 | Fax | (214) 340-3820 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERT BRUCE KIDDER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2014 | Owner Information |
| License # | 016730 | | | | | NATIONAL NURSING & REHAB DALLAS LLC |
| Lic Expire | 11/30/2018 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | 457083 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 716-9951 | Fax | (972) 716-9961 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERRA D MAGGIOLINO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2014 | <u>Owner Information</u> |
| License # | 016730 | | | | | NATIONAL NURSING & REHAB DALLAS LLC |
| Lic Expire | 11/30/2018 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | 45Q7083006 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (972) 716-9951 | Fax | (972) 716-9961 | | | Services: |
| Type: | Branch Agency | Administrator | TERRA D MAGGIOLINO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2014 | <u>Owner Information</u> |
| License # | 016730 | | | | | NATIONAL NURSING & REHAB DALLAS LLC |
| Lic Expire | 11/30/2018 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | 45Q7083002 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (972) 716-9951 | Fax | (972) 716-9961 | | | Services: |
| Type: | Branch Agency | Administrator | TERRA D MAGGIOLINO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2014 | <u>Owner Information</u> |
| License # | 016730 | | | | | NATIONAL NURSING & REHAB DALLAS LLC |
| Lic Expire | 11/30/2018 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | 45Q7083004 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (972) 716-9951 | Fax | (972) 716-9961 | | | Services: |
| Type: | Branch Agency | Administrator | TERRA D MAGGIOLINO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/11/2014 | <u>Owner Information</u> |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (972) 716-9951 | Fax | (972) 716-9961 | | | Services: |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/19/2016 | <u>Owner Information</u> |
| License # | 017435 | | | | | NEW CENTURY HOSPICE OF DALLAS |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 671588 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (972) 239-0907 | Fax | (972) 239-0908 | | | Services: |
| Type: | Parent Agency | Administrator | ADDIS UMER | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 11/17/2003 | <u>Owner Information</u> |
| License # | 008757 | | | | | NEW ERA HOME HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 9221 LBJ FREEWAY, SUITE#107 |
| Medicare 1: | 453131 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 235-0009 | Fax | (972) 690-1644 | | | Services: |
| Type: | Parent Agency | Administrator | PAULINE ONYEKA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/09/2009 | <u>Owner Information</u> |
| License # | 012813 | | | | | NEW HEIGHTS HOMECARE SOLUTIONS INC |
| Lic Expire | 06/30/2019 | | | | | 2730 N STEMMONS FREEWAY #813 |
| Medicare 1: | 457872 | | | | | DALLAS, TX 75207 |
| Medicare 2: | | | | | | |
| Phone | (214) 631-2232 | Fax | (214) 594-9640 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL ADELOWO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/10/2015 | <u>Owner Information</u> |
| License # | 016921 | | | | | CARING POINT LLC |
| Lic Expire | 04/30/2019 | | | | | 3530 FOREST LANE SUITE 275 |
| Medicare 1: | 459483 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 654-9446 | Fax | (214) 654-9585 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY DUNN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/21/2006 | Owner Information |
| License # | 010754 | | | | | NEWMETRIC HOME HEALTH CARE INCORPORATED |
| Lic Expire | 09/30/2018 | | | | | 1315 CHARDONNAY DRIVE |
| Medicare 1: | 679767 | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 628-9600 | Fax | (214) 628-9599 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHUCK OGBU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2006 | Owner Information |
| License # | 010222 | | | | | NICKTOO HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 8712 BLUFFCREEK LANE |
| Medicare 1: | 679350 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 968-0297 | Fax | (972) 968-0405 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TOOCHUKWU MBA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/01/2010 | Owner Information |
| License # | 013364 | | | | | NOBLE CHOICE HOME HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 11325 PEGASUS STREET W-165 |
| Medicare 1: | 747742 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 867-1149 | Fax | (972) 476-0788 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH MADU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/06/2017 | Owner Information |
| License # | 018424 | | | | | NORTH STAR HOME HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 1340 PRUDENTIAL DRIVE |
| Medicare 1: | | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 275-4667 | Fax | (214) 275-5273 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORA L GUERRERO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/11/2010 | Owner Information |
| License # | 013627 | | | | | THERAPY & HOME CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 14160 N DALLAS PKWY SUITE 415 |
| Medicare 1: | | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 385-0006 | Fax | (972) 385-0405 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NICOLE SALDIVAR | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/13/2017 | Owner Information |
| License # | 017919 | | | | | NOVEL COMMUNITY CARE |
| Lic Expire | 02/28/2019 | | | | | 7920 BELT LINE RD SUITE 255 |
| Medicare 1: | | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 994-9395 | Fax | (972) 994-9398 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IVERT TAMBE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/18/1999 | Owner Information |
| License # | 006875 | | | | | NOVEL HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 7920 BELTLINE RD SUITE 255 |
| Medicare 1: | 459465 | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 994-9395 | Fax | (972) 994-9398 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IVERT TAMBE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/22/2015 | Owner Information |
| License # | 016932 | | | | | NOVEL HOSPICE CARE INC |
| Lic Expire | 07/31/2019 | | | | | 7920 BELT LINE ROAD STE 255A |
| Medicare 1: | 741666 | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 994-9395 | Fax | (972) 994-9398 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | IVERT E TAMBE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/04/2010 | <u>Owner Information</u> |
| License # | 013876 | | | | | NATIONWIDE MEDICAL & EQUIPMENT SUPPLY INC |
| Lic Expire | 08/31/2018 | | | | | 10925 ESTATE LN STE 300 |
| Medicare 1: | 677929 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 340-5577 | Fax | (214) 340-5588 | | | Services: |
| Type: | Parent Agency | Administrator | NWAYABUIFE OBIAGWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/17/2014 | <u>Owner Information</u> |
| License # | 016157 | | | | | OCCUPATIONAL HOME HEALTHCARE LLC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 35908 |
| Medicare 1: | | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (214) 525-0681 | Fax | (214) 525-0682 | | | Services: |
| Type: | Parent Agency | Administrator | SOFIA M WEIGEL | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/10/2005 | <u>Owner Information</u> |
| License # | 009622 | | | | | ODYSSEY II HOME HEALTH CARE INC |
| Lic Expire | 03/31/2019 | | | | | 738 W 10TH STREET |
| Medicare 1: | 457972 | | | | | DALLAS, TX 75208 |
| Medicare 2: | | | | | | |
| Phone | (214) 942-7202 | Fax | (214) 942-7290 | | | Services: |
| Type: | Parent Agency | Administrator | DANA S WHITE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/28/2017 | <u>Owner Information</u> |
| License # | 017967 | | | | | OPTIMAL ALLIANCE HOME CARE, LLC |
| Lic Expire | 03/31/2019 | | | | | 3510 SCOTT DRIVE |
| Medicare 1: | | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | |
| Phone | (972) 665-6714 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | CRYSTAL SMITH | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/06/2008 | <u>Owner Information</u> |
| License # | 012091 | | | | | OPTIMAL HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 8344 EAST R L THORNTON STE 214 |
| Medicare 1: | 679548 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (214) 660-1055 | Fax | (214) 556-1374 | | | Services: |
| Type: | Parent Agency | Administrator | OSAZE EHIGIATOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/27/2014 | <u>Owner Information</u> |
| License # | 016290 | | | | | OPTIMUM BASE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 9535 FOREST LANE SUITE 118 |
| Medicare 1: | 743177 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 340-7900 | Fax | (214) 340-7902 | | | Services: |
| Type: | Parent Agency | Administrator | THERESA N ONYIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/08/1996 | <u>Owner Information</u> |
| License # | 004803 | | | | | OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC |
| Lic Expire | 03/31/2018 | | | | | 3200 WINDY HILL ROAD, SUITE B-100 |
| Medicare 1: | | | | | | ATLANTA, GA 30339 |
| Medicare 2: | | | | | | |
| Phone | (972) 677-1330 | Fax | (469) 232-9330 | | | Services: |
| Type: | Parent Agency | Administrator | N/A | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/06/2007 | <u>Owner Information</u> |
| License # | 011578 | | | | | OUR HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2636 WALNUT HILL LANE SUITE 201 |
| Medicare 1: | 459315 | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | |
| Phone | (214) 350-4033 | Fax | (214) 350-4689 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD NKWANWO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 11/03/2009 | Owner Information |
| License # | 013140 | | | | | OUR SAVIOUR HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 7205 HIGH POINT DR |
| Medicare 1: | 747641 | | | | | SACHSE, TX 75048 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 238-3220 | Fax | (214) 553-5649 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GERTRUDE AKANNA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/18/2015 | Owner Information |
| License # | 016808 | | | | | ALICE R PAIGE |
| Lic Expire | 05/31/2019 | | | | | 7702 LOS GATOS |
| Medicare 1: | | | | | | DALLAS, TX 75232 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 224-5638 | Fax | (972) 224-6992 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALICE PAIGE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/08/2014 | Owner Information |
| License # | 016277 | | | | | PADEZ HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 8111 LBJ FREEWAY STE 820 |
| Medicare 1: | 679674 | | | | | DALLAS, TX 75251 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 238-8282 | Fax | (972) 238-7404 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMINA SULTAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/26/2016 | Owner Information |
| License # | 017423 | | | | | DOUBLE A HOSPICE CARE INC |
| Lic Expire | 05/31/2018 | | | | | 8111 LBJ FREEWAY SUITE 1460 A |
| Medicare 1: | | | | | | DALLAS, TX 75251 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 570-1648 | Fax | (214) 570-1658 | | | Hospice |
| Type: | Parent Agency | Administrator | AMINA H SULTAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/19/2008 | Owner Information |
| License # | 012184 | | | | | PALOMA HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | | | | 1832 KITTYHAWK DRIVE |
| Medicare 1: | 747208 | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 346-2013 | Fax | (214) 975-6175 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NICODEMUS O OBUYA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/03/2006 | Owner Information |
| License # | 010373 | | | | | PASSION 05 HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 8500 N STEMMONS FRWY SUITE 4025 |
| Medicare 1: | 679708 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 253-2654 | Fax | (214) 253-2655 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALERO T OKUNDIA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/27/2005 | Owner Information |
| License # | 010082 | | | | | PASSIONATE CARE HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 9535 FOREST LANE SUITE 124 |
| Medicare 1: | 677923 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 234-1600 | Fax | (972) 234-1601 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TONY AGUEBOR | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/27/2009 | Owner Information |
| License # | 012820 | | | | | PASSIONATE HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 1720 REGAL ROW SUITE 117 |
| Medicare 1: | 747553 | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 432-7866 | Fax | (214) 905-0809 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STELLA OMENIHU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/25/2012 | Owner Information |
| License # | 015129 | | | | | PASSIONATE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 9550 SKILLMAN STREET SUITE 310 |
| Medicare 1: | 747253 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 222-7060 | Fax | (972) 222-6577 | | | Services: |
| Type: | Parent Agency | Administrator | OBY NEBE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/07/2014 | Owner Information |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 364-9695 | Fax | (281) 456-2479 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLES M WILCOX | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/12/2017 | Owner Information |
| License # | 017996 | | | | | PATIENT CONSOLIDATED SERVICES, LLC |
| Lic Expire | 04/30/2019 | | | | | 3801 SAN JACINTO STREET, UNIT #D |
| Medicare 1: | | | | | | DALLAS, TX 75204 |
| Medicare 2: | | | | | | |
| Phone | (469) 779-2689 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | RYAN J. BLAS | | | Licensed Home Health Services with Dialysis |
| County | DALLAS | Region | 03 | Date Licensed | 05/04/2009 | Owner Information |
| License # | 012816 | | | | | PECULIAR CARE HOME HEALTH INC. |
| Lic Expire | 05/31/2019 | | | | | 3435 HIGHLAND RD STE 105 |
| Medicare 1: | 747004 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (214) 321-7200 | Fax | (214) 321-7220 | | | Services: |
| Type: | Parent Agency | Administrator | LILIAN NWANKWO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/08/2016 | Owner Information |
| License # | 017262 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2018 | | | | | 101 N SHORELINE BLVD STE 201 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78401 |
| Medicare 2: | | | | | | |
| Phone | (469) 552-2689 | Fax | (214) 915-8353 | | | Services: |
| Type: | Parent Agency | Administrator | TOBY PRICE | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/25/2010 | Owner Information |
| License # | 013674 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 10/31/2018 | | | | | 101 N SHORELINE BLVD STE 201 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78401 |
| Medicare 2: | | | | | | |
| Phone | (972) 630-4810 | Fax | (214) 271-4590 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE GOLIGHTLY | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/25/2002 | Owner Information |
| License # | 008174 | | | | | CHRISTIANAH FOLUKE OKUNADE |
| Lic Expire | 10/31/2018 | | | | | 2023 DEEPWOOD |
| Medicare 1: | 673108 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-4900 | Fax | (214) 221-4908 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIANAH OKUNADE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018291 | | | | | POPE HEALTHCARE INC |
| Lic Expire | 08/31/2019 | | | | | P O BOX 4089 |
| Medicare 1: | | | | | | DALLAS, TX 75208 |
| Medicare 2: | | | | | | |
| Phone | (972) 302-5250 | Fax | (855) 523-4048 | | | Services: |
| Type: | Parent Agency | Administrator | KATHRYN HARRIS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/24/2008 | <u>Owner Information</u> |
| License # | 011914 | | | | | PRECIOUS HOME HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 3435 HIGHLAND DR SUITE 200 |
| Medicare 1: | 457969 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | |
| Phone | (972) 686-4209 | Fax | (972) 686-3825 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA U NWEKE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/19/2007 | <u>Owner Information</u> |
| License # | 012001 | | | | | PARK INFUSIONCARE LP |
| Lic Expire | 11/30/2019 | | | | | PO BOX 40700 |
| Medicare 1: | | | | | | MESA, AZ 85274 |
| Medicare 2: | | | | | | |
| Phone | (214) 866-2700 | Fax | (214) 866-2750 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA CHOTE | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/27/2014 | <u>Owner Information</u> |
| License # | 016444 | | | | | PREMIERE PLUS HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 2201 MAIN STREET STE 502 |
| Medicare 1: | 743152 | | | | | DALLAS, TX 75201 |
| Medicare 2: | | | | | | |
| Phone | (214) 741-6191 | Fax | (214) 741-6192 | | | Services: |
| Type: | Parent Agency | Administrator | JERRY FREENY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/24/2012 | <u>Owner Information</u> |
| License # | 015044 | | | | | PRESTONWOOD HOME HEALTHCARE LLC |
| Lic Expire | 05/31/2018 | | | | | 1140 EMPIRE CENTRAL DRIVE, SUITE #350 |
| Medicare 1: | 747650 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (469) 757-4217 | Fax | (972) 745-2390 | | | Services: |
| Type: | Parent Agency | Administrator | CELESTINA OGBOLUGO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/17/2015 | <u>Owner Information</u> |
| License # | 016865 | | | | | PRILEO HOME CARE TX LLC |
| Lic Expire | 06/30/2019 | | | | | 2432 W PEORIA AVE SUITE # 1266 |
| Medicare 1: | | | | | | PHOENIX, AZ 85029 |
| Medicare 2: | | | | | | |
| Phone | (214) 570-7655 | Fax | (214) 570-7654 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLIN LEONG | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/15/2017 | <u>Owner Information</u> |
| License # | 018325 | | | | | PRIMECARE LINK SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 10935 ESTATE LANE S-245 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 560-8247 | Fax | (214) 343-8554 | | | Services: |
| Type: | Parent Agency | Administrator | SARA MALANI BANDA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/19/2005 | <u>Owner Information</u> |
| License # | 009767 | | | | | PROLINK HOME HEALTH CORPORATION |
| Lic Expire | 05/31/2018 | | | | | 8500 NORTH STEMMONS FREEWAY SUITE 3000 |
| Medicare 1: | 677805 | | | | | DALLAS, 75247 |
| Medicare 2: | | | | | | |
| Phone | (214) 267-1985 | Fax | (214) 267-1983 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE O CHIDI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/16/2007 | <u>Owner Information</u> |
| License # | 011074 | | | | | PROMISE HOMEHEALTH INC |
| Lic Expire | 02/28/2019 | | | | | 3216 SILVER CREEK DR |
| Medicare 1: | 747041 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 603-6939 | Fax | (469) 930-8897 | | | Services: |
| Type: | Parent Agency | Administrator | RAPHAEL ONYEDINMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/29/2011 | Owner Information |
| License # | 014239 | | | | | PROVIDENCE PERSONAL ASSISTANCE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 182526 |
| Medicare 1: | | | | | | ARLINGTON, TX 76096 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 893-9616 | Fax | (214) 256-3028 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCIS DEKU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/17/2017 | Owner Information |
| License # | 018164 | | | | | TRC HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 4849 GREENVILLE AVE SUITE 1124 |
| Medicare 1: | 453177 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 965-0431 | Fax | (214) 965-0434 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BEATRIZ PUENTE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/15/2015 | Owner Information |
| License # | 016914 | | | | | RENATUS CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 4849 GREENVILLE AVE STE 1125 |
| Medicare 1: | 741625 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 965-0431 | Fax | (214) 965-0434 | | | Hospice |
| Type: | Parent Agency | Administrator | TRACY GALVAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/17/2011 | Owner Information |
| License # | 014107 | | | | | PROXIMAL HOME HEALTHCARE INC |
| Lic Expire | 05/31/2019 | | | | | 8330 LBJ FREEWAY STE 835 |
| Medicare 1: | 747805 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 253-2558 | Fax | (214) 253-2559 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUFEMI OHOME | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/13/2010 | Owner Information |
| License # | 014036 | | | | | PT HOME SERVICES OF DALLAS INC |
| Lic Expire | 12/31/2018 | | | | | 8150 BROOKRIVER DRIVE #S110 |
| Medicare 1: | | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 678-0507 | Fax | (214) 678-0766 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JAMES GRISMORE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/16/2016 | Owner Information |
| License # | 017746 | | | | | PURPLE ROSE CARE SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 14241 DALLAS PARKWAY SUITE 650 |
| Medicare 1: | | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 728-6299 | Fax | (972) 728-6298 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH JOHNSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/16/2009 | Owner Information |
| License # | 012548 | | | | | QUALITY CONCEPT INC |
| Lic Expire | 04/30/2019 | | | | | 2043 YUKON COURT |
| Medicare 1: | 747471 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 718-0308 | Fax | (214) 248-7601 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PETRONILLA O UDUMAEZE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/29/2004 | Owner Information |
| License # | 008889 | | | | | RAPHACARE SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 9319 LYNDON B JOHNSON FRWY SUITE 115 |
| Medicare 1: | 453109 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 575-4446 | Fax | (214) 575-4771 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AJIBIKE AKINKOYE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2011 | <u>Owner Information</u> BIR JV LLP 4714 GETTYSBURG ROAD-LEGAL DEPARTMENT MECHANICSBURG, PA 17055 |
| License # | 014259 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 820-9539 | Fax | (214) 820-9339 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KATHRYN H SCHOPFER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2007 | <u>Owner Information</u> REHABCARE GROUP EAST INC 5720 LBJ FREEWAY SUITE 190 DALLAS, TX 75240 |
| License # | 011151 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 808-2351 | Fax | (800) 790-7956 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ELEANOR E JOHNSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/23/2008 | <u>Owner Information</u> RELIEF HOME HEALTHCARE SERVICES INC 10098 ROYAL LANE DALLAS, TX 75238 |
| License # | 012068 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | 747415 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (469) 298-0114 | Fax | (469) 298-0499 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCY MCKNIGHT | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/20/2006 | <u>Owner Information</u> HARMEL & CAR INC 11551 FOREST CENTRAL DRIVE SUITE 116 DALLAS, TX 75243 |
| License # | 010558 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 340-9900 | Fax | (214) 340-9901 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | HARLEY COHEN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/20/2017 | <u>Owner Information</u> RIGHT TIME HEALTHCARE INC 9304 FOREST LANE STE 219 DALLAS, TX 75243 |
| License # | 018114 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 859-0269 | Fax | (214) 570-1753 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | AMECHI GODSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/27/2016 | <u>Owner Information</u> ROCKWAL HOSPICE INC 2111 N BELT LINE SUITE 1B MESQUITE, TX 75150 |
| License # | 017372 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 288-2706 | Fax | (972) 288-2707 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | WESLEY MATHEW | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/01/2015 | <u>Owner Information</u> MOCKINGBIRD CAPITAL LLC 1321 MURFREESBORO PIKE #702 NASHVILLE, TN 37217 |
| License # | 017098 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 295-5374 | Fax | (214) 245-5217 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SARAH JONES VEGA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/04/2015 | <u>Owner Information</u> SANA HEALTHCARE HOSPICE INC 4515 PRENTICE STREET SUITE 103 DALLAS, TX 75206 |
| License # | 016675 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | 741623 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 363-4993 | Fax | (866) 360-9969 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | ARACELI N DECANINI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/12/2011 | <u>Owner Information</u> |
| License # | 013826 | | | | | SANA HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 4515 PRENTICE SUITE 203 |
| Medicare 1: | 747843 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 812-9166 | Fax | (214) 812-9251 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARACELI DECANINI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/15/2017 | <u>Owner Information</u> |
| License # | 018259 | | | | | CANNULIF HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 1500 N STEMONS FREEWA, SUITE 133 |
| Medicare 1: | 747444 | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 503-8941 | Fax | (214) 503-8955 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | YOUNG SOOK KANG | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/18/2015 | <u>Owner Information</u> |
| License # | 011037 | | | | | SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC |
| Lic Expire | 01/31/2018 | | | | | 1643 LANCASTER DRIVE SUITE 203 |
| Medicare 1: | 671578 | | | | | GRAPEVINE, TX 76051 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 345-6789 | Fax | (214) 355-4097 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MEGAN ANDERSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/15/1999 | <u>Owner Information</u> |
| License # | 007108 | | | | | THE MATREX LIMITED GROUP CORPORATION |
| Lic Expire | 05/31/2019 | | | | | 777 SOUTH RL THORNTON # 201 |
| Medicare 1: | | | | | | DALLAS, TX 75203 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 948-9798 | Fax | (214) 948-9830 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCEDES BLAKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/15/2011 | <u>Owner Information</u> |
| License # | 014165 | | | | | SHSD LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 29086 |
| Medicare 1: | | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 478-4198 | Fax | (972) 888-6091 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREGORY NEWTON DODD | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/28/2017 | <u>Owner Information</u> |
| License # | 018347 | | | | | SHINING HEARTS HOME HEALTH CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 7125 MARVIN D LOVE FRWY STE 302 |
| Medicare 1: | | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 728-3569 | Fax | (972) 863-9108 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHANIE CALLOWAY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/07/2013 | <u>Owner Information</u> |
| License # | 015598 | | | | | SHINING STAR HOME HEALTH CARE, INC. |
| Lic Expire | 02/28/2019 | | | | | 8344 EAST R L THORNTON FWY, SUITE # 203 |
| Medicare 1: | 677894 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 320-6000 | Fax | (214) 320-6003 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN VATTACHACKAL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/19/2017 | <u>Owner Information</u> |
| License # | 018392 | | | | | SKILLFULHANDS HOSPICE INC |
| Lic Expire | 10/31/2019 | | | | | 2665 VILLA CREEK DR # 201 |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 735-6622 | Fax | (972) 681-7779 | | | Hospice |
| Type: | Parent Agency | Administrator | JOSEPHINE DEVADOSS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/11/2018 | <u>Owner Information</u> |
| License # | 018559 | | | | | SOUTH TEXAS HOME HEMODIALYSIS LLC |
| Lic Expire | 01/31/2020 | | | | | 3571 W. WHEATLAND ROAD, SUITE # 101 |
| Medicare 1: | | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | |
| Phone | (972) 274-5555 | Fax | (972) 274-5663 | | | Services: |
| Type: | Parent Agency | Administrator | JOAN K TRAVIS | | | Licensed Home Health Services with Dialysis |
| County | DALLAS | Region | 03 | Date Licensed | 08/18/2015 | <u>Owner Information</u> |
| License # | 016974 | | | | | STAIRWAYS HOSPICE INC |
| Lic Expire | 08/31/2017 | | | | | 311 E INTERSTATE 30 STE #108 |
| Medicare 1: | | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (972) 925-0010 | Fax | (972) 925-0241 | | | Services: |
| Type: | Parent Agency | Administrator | SILU GEORGE | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/29/2016 | <u>Owner Information</u> |
| License # | 017580 | | | | | HOME INSTEAD CARE LLC |
| Lic Expire | 04/30/2018 | | | | | 2639 WALNUT HILL LN. STE #116 |
| Medicare 1: | 679448 | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | |
| Phone | (214) 350-6660 | Fax | (214) 350-6662 | | | Services: |
| Type: | Parent Agency | Administrator | JEKAH PATEL | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2013 | <u>Owner Information</u> |
| License # | 015940 | | | | | STARCREST HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 13601 PRESTON ROAD SUITE W415 |
| Medicare 1: | 747546 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 735-8683 | Fax | (972) 735-8767 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMOND UBANI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/09/2014 | <u>Owner Information</u> |
| License # | 016525 | | | | | STERLING CARE HOME HEALTH AGENCY |
| Lic Expire | 07/31/2018 | | | | | 12100 FORD RD STE 270 |
| Medicare 1: | 747090 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (469) 688-0414 | Fax | (817) 840-6406 | | | Services: |
| Type: | Parent Agency | Administrator | LAARNIE B REGALA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/13/2017 | <u>Owner Information</u> |
| License # | 018503 | | | | | SUPREME HOME HEALTH SERVICES, INC |
| Lic Expire | 12/31/2019 | | | | | 4575 S WESTMORELAND RD |
| Medicare 1: | | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | |
| Phone | (972) 228-3444 | Fax | (972) 228-3903 | | | Services: |
| Type: | Parent Agency | Administrator | PENNY IHAMELU | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/09/2010 | <u>Owner Information</u> |
| License # | 013996 | | | | | SURE HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 12115 SELF PLAZA DR |
| Medicare 1: | 459373 | | | | | DALLAS, TX 75218 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-1338 | Fax | (214) 221-1360 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS VARUGHESE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/24/2017 | <u>Owner Information</u> |
| License # | 018196 | | | | | SWIFT PROVIDER, INC |
| Lic Expire | 07/31/2019 | | | | | 9205 SKILLMAN ST STE 125 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (469) 230-0590 | Fax | (972) 692-7469 | | | Services: |
| Type: | Parent Agency | Administrator | IKEOKWU ONUOHA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/15/2016 | Owner Information |
| License # | 018228 | | | | | SYAM HOME HEALTHCARE LLC |
| Lic Expire | 07/31/2018 | | | | | P O BOX 398833 |
| Medicare 1: | 747512 | | | | | DALLAS, TX 75339 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 942-1464 | Fax | (214) 948-4985 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARSHRIEF SHEAD | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/17/2013 | Owner Information |
| License # | 015900 | | | | | TENDER HANDS HOME HEALTHCARE |
| Lic Expire | 09/30/2019 | | | | | 7125 MARVIN D LOVE FWY #212 |
| Medicare 1: | 679278 | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 686-6600 | Fax | (972) 686-6603 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | LALANII JONES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/10/2017 | Owner Information |
| License # | 018118 | | | | | VNS HEALTHCARE INC |
| Lic Expire | 02/28/2019 | | | | | 12100 FORD RD STE 275 |
| Medicare 1: | 741604 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 528-6033 | Fax | (855) 850-8656 | | | Hospice |
| Type: | Parent Agency | Administrator | OMAR S DIZON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/11/2015 | Owner Information |
| License # | 017169 | | | | | RAYMOND MAZIVEYI |
| Lic Expire | 12/31/2017 | | | | | 916 OAKCREST DR |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 343-8554 | Fax | (214) 343-8554 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAZIVEYI RAYMOND | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/25/2011 | Owner Information |
| License # | 013923 | | | | | THANK YOU NURSES LTD |
| Lic Expire | 02/28/2019 | | | | | 5835 CALLAGHAN RD SUITE #102 AND #210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 631-0071 | Fax | (214) 631-0073 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSE M FLORES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/26/2006 | Owner Information |
| License # | 010765 | | | | | ADEOLA MUSTAPHA |
| Lic Expire | 09/30/2019 | | | | | 4121 MARVIN D LOVE FRWY BLD 200 STE 2020 |
| Medicare 1: | 747040 | | | | | GRAND PRAIRIE, TX 75224 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 375-0888 | Fax | (214) 375-0887 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOY ISELOWO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/27/2008 | Owner Information |
| License # | 012208 | | | | | STERLING HOME HEALTH CARE INC |
| Lic Expire | 08/31/2019 | | | | | 10935 ESTATE LANE SUITE 335 |
| Medicare 1: | 747573 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 613-0400 | Fax | (214) 666-8897 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LAKEITHA HESTER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/20/2011 | Owner Information |
| License # | 013839 | | | | | THE MEDICAL TEAM INC |
| Lic Expire | 01/31/2019 | | | | | 45 N E LOOP 410 SUITE 800 |
| Medicare 1: | 747750 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 373-1111 | Fax | (214) 238-8080 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARILYN J CAMPBELL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 07/17/2000 | Owner Information |
| License # | 007367 | | | | | THERAPY 2000 INC |
| Lic Expire | 07/31/2018 | | | | | 2535 LONE STAR DR |
| Medicare 1: | | | | | | DALLAS, TX 75212 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 467-9787 | Fax | (469) 961-5800 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JERRE T VAN DEN BENT | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/28/2009 | Owner Information |
| License # | 012746 | | | | | TIPPLE ALLIANCE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 10729 AUDELIA RD SUITE 210 |
| Medicare 1: | 747477 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 221-7734 | Fax | (214) 432-0427 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARTIN MBOE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/17/2012 | Owner Information |
| License # | 015204 | | | | | TOO CARE HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2018 | | | | | 11520 N CENTRAL EXPY STE 145 |
| Medicare 1: | 747005 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 221-8099 | Fax | (214) 221-8544 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REGINA HAITH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/23/2015 | Owner Information |
| License # | 016839 | | | | | TOPMAK HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 9911 LAKE JUNE RD STE C |
| Medicare 1: | 679433 | | | | | DALLAS, TX 75217 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 664-9300 | Fax | (214) 664-9301 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FUNKE K ADEFUYE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/17/2012 | Owner Information |
| License # | 014804 | | | | | TORO HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 5920 NARAVISTA DRIVE |
| Medicare 1: | 747772 | | | | | DALLAS, TX 75249 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 298-2222 | Fax | (972) 298-2277 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAIWO A. GAJI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/2005 | Owner Information |
| License # | 009878 | | | | | TRINITY INSPIRED HOME HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | 8344 E R L THORNTON FWY SUITE 225 |
| Medicare 1: | 679472 | | | | | DALLAS, TX 75228 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 421-0035 | Fax | (214) 321-1018 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANGANETTA LAGRONE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/22/2008 | Owner Information |
| License # | 012116 | | | | | ULTIMATE CARING HOME HEALTH LLC |
| Lic Expire | 07/31/2019 | | | | | 11300 N CENTRAL EXPRESSWAY STE 418 A |
| Medicare 1: | 747326 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 361-3551 | Fax | (800) 860-2060 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ANTHONY C NWAUBANI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/20/2014 | Owner Information |
| License # | 016235 | | | | | UNITED PLUS HOSPICE INC |
| Lic Expire | 03/31/2020 | | | | | 10935 ESTATE LANE # 475 B |
| Medicare 1: | 671736 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 473-4790 | Fax | (469) 620-3137 | | | Hospice |
| Type: | Parent Agency | Administrator | JOHNSON GEORGE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/07/2007 | Owner Information |
| License # | 011748 | | | | | UNITED ROYALCARE HEALTHSERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 10935 E ESTATE LANE SUITE 330 |
| Medicare 1: | 747353 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (972) 681-2521 | Fax | (972) 681-2921 | | | Services: |
| Type: | Parent Agency | Administrator | PATIENCE UKO UCHE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/22/2008 | Owner Information |
| License # | 012199 | | | | | UNN HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 9550 SKILLMAN STREET SUITE 314 |
| Medicare 1: | 747566 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 342-6100 | Fax | (214) 342-6101 | | | Services: |
| Type: | Parent Agency | Administrator | UCHE NWABUNWANNE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009569 | | | | | THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLA |
| Lic Expire | 12/31/2019 | | | | | 5323 HARRY HINES BLVD |
| Medicare 1: | 678078 | | | | | DALLAS, TX 75390 |
| Medicare 2: | | | | | | |
| Phone | (214) 645-4570 | Fax | (214) 645-4578 | | | Services: |
| Type: | Parent Agency | Administrator | MELVA PORTEOUS | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/27/2005 | Owner Information |
| License # | 009717 | | | | | VAP HOME HEALTH CARE INC |
| Lic Expire | 04/30/2018 | | | | | 9304 FOREST LANE SUITE S 220 |
| Medicare 1: | 677856 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 553-9552 | Fax | (214) 553-9434 | | | Services: |
| Type: | Parent Agency | Administrator | PHILOMENA NWAOKOLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/09/2009 | Owner Information |
| License # | 012434 | | | | | JPMA ENTERPRISES INC |
| Lic Expire | 02/28/2019 | | | | | 5646 MILTON ST. STE #500 |
| Medicare 1: | | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (214) 368-2225 | Fax | (214) 853-5328 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL ASHY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/02/2009 | Owner Information |
| License # | 012887 | | | | | VITA HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 3302 ELKHART DRIVE |
| Medicare 1: | 747560 | | | | | SACHSE, TX 75048 |
| Medicare 2: | | | | | | |
| Phone | (972) 982-2657 | Fax | (972) 982-2719 | | | Services: |
| Type: | Parent Agency | Administrator | IFEANYI UZOWULU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/21/2017 | Owner Information |
| License # | 018041 | | | | | VITALIS HOME HEALTH LLC |
| Lic Expire | 02/28/2019 | | | | | 9821 SUMMERWOOD CIR. APT 1308 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (202) 390-6884 | Fax | (972) 476-0870 | | | Services: |
| Type: | Parent Agency | Administrator | DESMOND ARREY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/05/2016 | Owner Information |
| License # | 006983 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2017 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | |
| Phone | (214) 424-5600 | Fax | (972) 448-6542 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARILYN CONLEY | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/01/1998 | <u>Owner Information</u> VITAS HEALTHCARE OF TEXAS LP 100 BISCAYNE BLVD SUITE 1300 MIAMI, FL 33131 |
| License # | 006983 | | | | | |
| Lic Expire | 11/30/2017 | | | | | |
| Medicare 1: | 451504 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 424-5600 | Fax | (972) 448-6542 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | MARILYN CONLEY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/03/2011 | <u>Owner Information</u> VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 |
| License # | 012429 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 861-1000 | Fax | (972) 861-1111 | | | Services: Licensed Home Health Services |
| Type: | Branch Agency | Administrator | TIARA MAXWELL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/24/2017 | <u>Owner Information</u> VIVICARE HEALTH PARTNERS INC 255 NORTH CENTER STREET, SUITE 102 ARLINGTON, TX 76011 |
| License # | 012487 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 217-2626 | Fax | (214) 217-2434 | | | Services: Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CASEY LOBATO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/02/1994 | <u>Owner Information</u> THE VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY SUITE 400 DALLAS, TX 75235 |
| License # | 003625 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 689-0000 | Fax | (214) 689-2300 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHERINE KRAUSE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/01/1984 | <u>Owner Information</u> THE VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY SUITE 400 DALLAS, TX 75235 |
| License # | 001531 | | | | | |
| Lic Expire | 09/30/2019 | | | | | |
| Medicare 1: | 451506 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 689-0000 | Fax | (214) 689-2300 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | KATHERINE KRAUSE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/17/1980 | <u>Owner Information</u> THE VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY SUITE 400 DALLAS, TX 75235 |
| License # | 003056 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 457001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 689-0000 | Fax | (214) 689-2300 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | KATHERINE KRAUSE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/22/2016 | <u>Owner Information</u> FIRST COLONIAL HEALTHCARE SERVICES INC 10935 ESTATE LANE STE 261 DALLAS, TX 75238 |
| License # | 017577 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | 747686 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 782-9950 | Fax | (214) 260-2700 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREGORY NJAPEM | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/07/2011 | <u>Owner Information</u> VTO INC 10935 ESTATE LANE S261 DALLAS, TX 75238 |
| License # | 013869 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 405-8523 | Fax | (214) 275-0246 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTORIA JOHNSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/17/2009 | <u>Owner Information</u> |
| License # | 012719 | | | | | X-TRA HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 11884 GREENVILLE AVE SUITE 110A |
| Medicare 1: | 747554 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 388-0200 | Fax | (214) 388-0215 | | | Services: |
| Type: | Parent Agency | Administrator | COMFORT EKPENYONG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/21/2016 | <u>Owner Information</u> |
| License # | 017692 | | | | | ZENITH HOSPICE CARE INC |
| Lic Expire | 10/31/2018 | | | | | 8204 ELMBROOK DRIVE SUITE 210 |
| Medicare 1: | 741685 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (972) 913-4440 | Fax | (972) 913-4105 | | | Services: |
| Type: | Parent Agency | Administrator | TEFFANY ODIE | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/15/2015 | <u>Owner Information</u> |
| License # | 016606 | | | | | PROVISIO HOME CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 1301 E PARKERVILLE RD STE B4 |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (972) 737-3044 | Fax | (972) 274-9902 | | | Services: |
| Type: | Parent Agency | Administrator | VALERIE JONES | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/22/2016 | <u>Owner Information</u> |
| License # | 017475 | | | | | LEJ ENTERPRISES INC |
| Lic Expire | 06/30/2018 | | | | | 1721 TENDERFOOT LANE |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (214) 926-9408 | Fax | (469) 297-4334 | | | Services: |
| Type: | Parent Agency | Administrator | LAVONDA DAVISON | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/20/2008 | <u>Owner Information</u> |
| License # | 012192 | | | | | AJ HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2017 | | | | | 123 EXECUTIVE WAY #209 |
| Medicare 1: | 747213 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (214) 217-0131 | Fax | (214) 217-0132 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONIA DURU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/09/2002 | <u>Owner Information</u> |
| License # | 007896 | | | | | ANI HOME HEALTH AGENCY LTD CO |
| Lic Expire | 04/30/2019 | | | | | 215A EXECUTIVE WAY #120 |
| Medicare 1: | 679342 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (972) 228-4100 | Fax | (972) 283-6198 | | | Services: |
| Type: | Parent Agency | Administrator | ORITSEBEMIGHO EDEGBELE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/08/2013 | <u>Owner Information</u> |
| License # | 015703 | | | | | ANI PERSONAL ASSISTANCE SERVICES AGENCY LTD CO |
| Lic Expire | 08/31/2019 | | | | | 1145 RANCH VALLEY DR |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (972) 228-4100 | Fax | (972) 283-6198 | | | Services: |
| Type: | Parent Agency | Administrator | ORITSEBEMIGHO EDEGBELE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/22/2018 | <u>Owner Information</u> |
| License # | 018565 | | | | | ARRINGTON ANGELS HOME CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 424 CHANNEL VIEW COURT |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (214) 971-9190 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | SHERRELL ARRINGTON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 02/17/2009 | Owner Information BAKERS HEALTH & COMMUNITY SERVICES INC 709 GOLDWOOD DRIVE DALLAS, TX 75232 |
| License # | 012452 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | 747488 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 774-9463 | Fax | (972) 228-1628 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REGINA JOHNSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/01/2009 | Owner Information 1ST DFW COMMUNITY CONNECTION INC 1615 OSPREY DRIVE SUITE 101 DESOTO, TX 75115 |
| License # | 012992 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 679360 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 224-9911 | Fax | (972) 224-9012 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRAVIS ASKEW | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/10/1999 | Owner Information TRUE VENTURE 2000 INC 1229 E PLEASANT RUN ROAD # 129 DE SOTO, TX 75115 |
| License # | 007079 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | 459184 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 228-0011 | Fax | (972) 228-9924 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | KATIE HARRIS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/26/2012 | Owner Information DERA HEALTHCARE SYSTEM INC 628 SNAPDRAGON LANE DESOTO, TX 75115 |
| License # | 014615 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 448-9503 | Fax | (972) 223-9955 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IFEOMA L UZOMAH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/28/2005 | Owner Information FERRELL HOMECARE LLC 712 N HAMPTON RD STE 140 DESOTO, TX 75115 |
| License # | 009557 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 274-4049 | Fax | (972) 274-0067 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | EDITH COOPER HENDERSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/25/2005 | Owner Information GLOBAL CARE HOME HEALTH AGENCY INC 3200 W PLEASANT RUN RD SUITE 110 LANCASTER, TX 75146 |
| License # | 009657 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | 677806 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 223-7400 | Fax | (972) 223-7407 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABEKE N ADEWUNMI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/14/2013 | Owner Information HOME CARE NETWORK EAST INC 1701 N HAMPTON RD SUITE G DESOTO, TX 75115 |
| License # | 015975 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 67Q9086001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 437-8974 | Fax | (972) 437-8975 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | SAUNDRA P HILL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/15/2016 | Owner Information HUNTER MEDICAL SERVICES INC 1666 N HAMPTON ROAD STE 200 DESOTO, TX 75115 |
| License # | 017854 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | 677605 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 780-9233 | Fax | (469) 374-5423 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAUL MATHEW | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/20/2017 | <u>Owner Information</u> |
| License # | 018523 | | | | | KDB HOSPICE LLC |
| Lic Expire | 12/31/2019 | | | | | 1510 NORTH HAMPTON ROAD, SUITE #260 |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 919-5797 | Fax | (888) 414-5160 | | | Hospice |
| Type: | Parent Agency | Administrator | KENNETH BOWIE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/14/2013 | <u>Owner Information</u> |
| License # | 015303 | | | | | M & L MEDICAL SERVICES HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 1801 N HAMPTON RD SUITE 333 |
| Medicare 1: | 741500 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 228-8500 | Fax | (972) 228-8812 | | | Hospice |
| Type: | Parent Agency | Administrator | PATRICIA H MOORE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/15/2003 | <u>Owner Information</u> |
| License # | 008648 | | | | | M & L MEDICAL SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 400 CENTRE PARK BLVD SUITE 110 |
| Medicare 1: | 679405 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 228-8500 | Fax | (972) 228-8812 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PATRICIA H MOORE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/07/2009 | <u>Owner Information</u> |
| License # | 013029 | | | | | MARY ANNETTE BOYD |
| Lic Expire | 12/31/2019 | | | | | 1801 N HAMPTON RD SUITE 330 |
| Medicare 1: | 747508 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 283-6634 | Fax | (972) 283-6892 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY BOYD | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/17/2015 | <u>Owner Information</u> |
| License # | 017653 | | | | | MERCEDES IN HOME CARE AGENCY LLC |
| Lic Expire | 12/31/2017 | | | | | 215B EXECUTIVE WAY SUITE 130 |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 947-3100 | Fax | (972) 947-3099 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCEDES MCQUEEN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/19/2008 | <u>Owner Information</u> |
| License # | 012065 | | | | | METROPLEX HOME HEALTH SERVICES PLLC |
| Lic Expire | 06/30/2018 | | | | | 445 E FM 1382 SUITE 3-611 |
| Medicare 1: | 747073 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 920-5312 | Fax | (972) 920-5613 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KATHY LYNN HARPER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/11/1997 | <u>Owner Information</u> |
| License # | 005978 | | | | | NAAMAN COMMUNITY HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 115 EXECUTIVE WAY |
| Medicare 1: | 459441 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 224-1633 | Fax | (972) 224-1647 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALFRED AKINOLA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/07/2008 | <u>Owner Information</u> |
| License # | 011864 | | | | | NEW DAWN HEALTH AND HOSPICE INC |
| Lic Expire | 02/28/2019 | | | | | 1005 E PLEASANT RUN |
| Medicare 1: | 671627 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 283-5590 | Fax | (972) 283-5656 | | | Hospice |
| Type: | Parent Agency | Administrator | GEORGE W JONES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/26/2009 | <u>Owner Information</u> |
| License # | 012546 | | | | | NCOT INC |
| Lic Expire | 01/31/2019 | | | | | 1113 LAON LANE |
| Medicare 1: | 457968 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 296-2755 | Fax | (469) 533-1616 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LOLA OWENS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/10/2008 | <u>Owner Information</u> |
| License # | 011923 | | | | | PROSPERITY HEALTH SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | 1615 NORTH HAMPTON RD STE 130 |
| Medicare 1: | 453189 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 296-1901 | Fax | (972) 296-5590 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA T DRAKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/27/2000 | <u>Owner Information</u> |
| License # | 007571 | | | | | Q & A HEALTH SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 1615 OSPREY DR STE 107 |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 224-8100 | Fax | (972) 224-3610 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRAVIS ASKEW | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/19/2011 | <u>Owner Information</u> |
| License # | 014115 | | | | | RUTH'S CHOICE IN HOME CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 1521 SHARON DRIVE |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75137 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 298-5555 | Fax | (972) 224-0762 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HARVEY BARHAM | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/30/1995 | <u>Owner Information</u> |
| License # | 003436 | | | | | SPIRIT HEALTHCARE MANAGEMENT LLC |
| Lic Expire | 01/31/2019 | | | | | 1636 N. HAMPTON RD. STE #108 |
| Medicare 1: | 458371 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 296-5959 | Fax | (972) 709-5152 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | TINA OTTO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/18/2017 | <u>Owner Information</u> |
| License # | 018010 | | | | | LITTLE BEAR HOMECARE LLC |
| Lic Expire | 04/30/2019 | | | | | 1666 N HAMPTON ROAD SUITE 101-A |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 356-2680 | Fax | (469) 356-2681 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KOBY SPEARS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/11/2011 | <u>Owner Information</u> |
| License # | 014090 | | | | | PANACEB ENTREPRISE LLC |
| Lic Expire | 05/31/2019 | | | | | 211 SANDY CREEK PLACE |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 374-4300 | Fax | (817) 704-4657 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE ANDY CEBALLOS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/1998 | <u>Owner Information</u> |
| License # | 006886 | | | | | A ONE PLUS HOME HEALTH CARE AGENCY LLC |
| Lic Expire | 06/30/2019 | | | | | 412 MAPLE GROVE DR |
| Medicare 1: | 459323 | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 283-9499 | Fax | (972) 283-3310 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIRLEY ANN LINDSEY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2014 | <u>Owner Information</u> |
| License # | 016052 | | | | | ADVANCE ALLIANCE INC |
| Lic Expire | 12/31/2019 | | | | | 125 W WHEATLAND RD |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 780-5525 | Fax | (972) 780-5653 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA VAUGHN | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/30/2015 | <u>Owner Information</u> |
| License # | 017111 | | | | | CAREGIVERS CONNECTION 4U LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 380340 |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75138 |
| Medicare 2: | | | | | | |
| Phone | (972) 996-2517 | Fax | (972) 619-6400 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLYN LEGG | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/03/2011 | <u>Owner Information</u> |
| License # | 014255 | | | | | ENCOMPASS HOME HEATH OF DFW LLC |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 67Q9428002 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (972) 298-3400 | Fax | (972) 298-3408 | | | Services: |
| Type: | Branch Agency | Administrator | LINDA FARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/31/1997 | <u>Owner Information</u> |
| License # | 006374 | | | | | FIRST CHOICE HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 106 E FAIN STREET |
| Medicare 1: | 678475 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 780-1117 | Fax | (972) 780-1231 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES ETTA WILLIAMS | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/10/1996 | <u>Owner Information</u> |
| License # | 004870 | | | | | GLENNWOOD ENTERPRISES INC |
| Lic Expire | 09/30/2018 | | | | | 402 WEST WHEATLAND RD. STE 170 |
| Medicare 1: | 459027 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 283-8124 | Fax | (972) 283-8127 | | | Services: |
| Type: | Parent Agency | Administrator | STARLA TIMBERLAKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/29/2012 | <u>Owner Information</u> |
| License # | 015238 | | | | | CRP SENIOR CARE INC |
| Lic Expire | 11/30/2018 | | | | | 515 N CEDAR RIDGE SUITE 8 |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 709-8888 | Fax | (972) 709-8897 | | | Services: |
| Type: | Parent Agency | Administrator | MARSHA BIRNEY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/02/2016 | <u>Owner Information</u> |
| License # | 017688 | | | | | INTOUCH HEALTH SERVICES-LLC |
| Lic Expire | 08/31/2018 | | | | | 606 ORIOLE BLVD., SUITE 102 |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (469) 776-5444 | Fax | (972) 708-9292 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY EHIOGUH | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/23/2010 | <u>Owner Information</u> |
| License # | 013265 | | | | | EXPEDIENT HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | 205 E CAMP WISDOM ROAD SUITE #B |
| Medicare 1: | 747564 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 780-5521 | Fax | (972) 780-5579 | | | Services: |
| Type: | Parent Agency | Administrator | CONNIE N ATTRAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/31/2006 | <u>Owner Information</u> |
| License # | 010776 | | | | | ORIENT HOME CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 606 ORIOLE BLVD #300-7 |
| Medicare 1: | 457934 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 296-2000 | Fax | (972) 296-2001 | | | Services: |
| Type: | Parent Agency | Administrator | ETHELBERT O ODO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/30/2017 | <u>Owner Information</u> |
| License # | 018287 | | | | | PERFECTION HOSPICE CARE INCORPORATED |
| Lic Expire | 08/31/2019 | | | | | 407 NORTH CEDAR RIDGE DRIVE #237 |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (817) 903-7723 | Fax | (877) 509-6626 | | | Services: |
| Type: | Parent Agency | Administrator | GAUDENSIA AWUJOR | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/20/2015 | <u>Owner Information</u> |
| License # | 016609 | | | | | ROYAL INVESTMENT GROUP LLC |
| Lic Expire | 01/31/2019 | | | | | 1144 WISHING WELL COURT |
| Medicare 1: | | | | | | CEDAR HILL, TX 75104 |
| Medicare 2: | | | | | | |
| Phone | (832) 881-2800 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL O ANOZIE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/02/2014 | <u>Owner Information</u> |
| License # | 016191 | | | | | GLORY ABLE HOME HEALTHCARE INC |
| Lic Expire | 01/31/2020 | | | | | 210 S MAIN STREET SUITE 23 |
| Medicare 1: | 677852 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (469) 759-6740 | Fax | (469) 759-6741 | | | Services: |
| Type: | Parent Agency | Administrator | KUNLE KAY O'KERE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/20/2002 | <u>Owner Information</u> |
| License # | 008117 | | | | | STATE HOME HEALTH CARE INC |
| Lic Expire | 09/30/2019 | | | | | 303 EAST DANIELDALE ROAD |
| Medicare 1: | 679235 | | | | | DUNCANVILLE, TX 75137 |
| Medicare 2: | | | | | | |
| Phone | (214) 333-9087 | Fax | (214) 333-9089 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIANA AGWAIFE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/24/2003 | <u>Owner Information</u> |
| License # | 008523 | | | | | THREE STAR HOME HEALTH AGENCY INC |
| Lic Expire | 06/30/2018 | | | | | 407 N CEDAR RIDGE DRIVE SUITE 325 |
| Medicare 1: | 679380 | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (214) 339-5042 | Fax | (214) 339-2838 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHEN U OGBONNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/17/2010 | <u>Owner Information</u> |
| License # | 013113 | | | | | TRINITY HOME DIALYSIS INC |
| Lic Expire | 02/29/2020 | | | | | 1414 W WHEATLAND ROAD SUITE 100 |
| Medicare 1: | | | | | | DUNCANVILLE, TX 75116 |
| Medicare 2: | | | | | | |
| Phone | (972) 709-1950 | Fax | (972) 709-1949 | | | Services: |
| Type: | Parent Agency | Administrator | DENNIS JONES | | | Licensed Home Health Services with Dialysis |
| County | DALLAS | Region | 03 | Date Licensed | 02/22/2012 | <u>Owner Information</u> |
| License # | 014647 | | | | | US UNIVERSAL HEALTH CARE SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | 2955 BANDERA ST |
| Medicare 1: | 747826 | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | |
| Phone | (972) 780-5226 | Fax | (972) 780-4793 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONY IYAMAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 04/07/2015 | <u>Owner Information</u> |
| License # | 016816 | | A 1 HOME CARE | | | A 1 CARE CORPORATION |
| Lic Expire | 04/30/2019 | | 12300 FORD RD, SUITE B240 | | | 751 HEBRON PARKWAY SUITE 140 |
| Medicare 1: | 679326 | | FARMERS BRANCH, TX 75234 | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (972) 221-2273 | Fax | (972) 221-2201 | | | Services: |
| Type: | Parent Agency | Administrator | SALY J VARGHESE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/18/2017 | <u>Owner Information</u> |
| License # | 018486 | | AFFLUENS HOME HEALTH LLC | | | AFFLUENS HOME HEALTH LLC |
| Lic Expire | 08/31/2019 | | 2655 VILLA CREEK DR STE 110 | | | 2655 VILLA CREEK DR SUITE 110 |
| Medicare 1: | 747839 | | FARMERS BRANCH, TX 75234 | | | FARMERS BRANCH, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (469) 904-8364 | Fax | (469) 904-8378 | | | Services: |
| Type: | Parent Agency | Administrator | MYRNA G BERRY | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/31/2017 | <u>Owner Information</u> |
| License # | 017895 | | ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC | | | ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 01/31/2019 | | 2735 VILLA CREEK DRIVE SUITE 165A | | | 2735 VILLA CREEK DRIVE |
| Medicare 1: | | | FARMERS BRANCH, TX 75234 | | | FARMERS BRANCH, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 307-6065 | Fax | (214) 307-6051 | | | Services: |
| Type: | Parent Agency | Administrator | SUJA KURIAN | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/17/2017 | <u>Owner Information</u> |
| License # | 017858 | | BLISSFUL HOSPICE AND PALLIATIVE CARE LLC | | | BLISSFUL HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 01/31/2019 | | 2735 VILLA CREEK DR. SUITE 165B | | | 2735 VILLA CREEK DR. STE #165B |
| Medicare 1: | | | FARMERS BRANCH, TX 75234 | | | FARMERS BRANCH, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 556-4996 | Fax | (214) 556-4580 | | | Services: |
| Type: | Parent Agency | Administrator | SUJA KURIAN | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 06/30/2015 | <u>Owner Information</u> |
| License # | 017137 | | GARDENDALE HOSPICE LLC | | | GARDENDALE HOSPICE LLC |
| Lic Expire | 06/30/2019 | | 4101 MCEWEN, SUITE 260 | | | 4101 MCEWEN SUITE 260 |
| Medicare 1: | 671589 | | FARMERS BRANCH, TX 75244 | | | FARMERS BRANCH, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (214) 357-9200 | Fax | (214) 357-9202 | | | Services: |
| Type: | Parent Agency | Administrator | JESUS MANUEL BARRAGAN | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 12/07/2016 | <u>Owner Information</u> |
| License # | 017769 | | J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC | | | J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 12/31/2018 | | 2735 VILLA CREEK DRIVE, SUITE 165C | | | 2735 VILLA CREEK DRIVE SUITE 165C |
| Medicare 1: | 741695 | | FARMERS BRANCH, TX 75234 | | | FARMERS BRANCH, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 385-4398 | Fax | (214) 385-4368 | | | Services: |
| Type: | Parent Agency | Administrator | VARGHESE ZACHARIA | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 12/21/2005 | <u>Owner Information</u> |
| License # | 010206 | | NURSES HEALTHCARE INC | | | NURSES HEALTHCARE INC |
| Lic Expire | 12/31/2018 | | 2665 VILLA CREEK DRIVE SUITE 246 | | | 2665 VILLA CREEK DRIVE SUITE 246 |
| Medicare 1: | 679575 | | FARMERS BRANCH, TX 75234 | | | FARMERS BRANCH, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 481-1300 | Fax | (972) 481-1301 | | | Services: |
| Type: | Parent Agency | Administrator | KINGSLEY O ENWERE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/31/2013 | <u>Owner Information</u> |
| License # | 016058 | | QUALITY CARE NURSING HOME HEALTH LLC | | | QUALITY CARE NURSING HOME HEALTH, LLC |
| Lic Expire | 12/31/2019 | | 2655 VILLA CREEK, SUITE #235 | | | 2655 VILLA CREEK PKWY#235 |
| Medicare 1: | | | FARMERS BRANCH, TX 75234 | | | FARMERS BRANCH, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (469) 248-2231 | Fax | (972) 354-4583 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA WESTFALL | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/12/2014 | Owner Information |
| License # | 014136 | | | | | VIGORCARE PARTNERS OF TEXAS LTD |
| Lic Expire | 06/30/2019 | | | | | 1700 ALMA DRIVE SUITE 230 |
| Medicare 1: | | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 677-5635 | Fax | (972) 677-5646 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | OKE C. OKOCHA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/08/2017 | Owner Information |
| License # | 018043 | | | | | WELLSPRING SENIOR CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 3811 PRINCESS LANE |
| Medicare 1: | | | | | | DALLAS, TX 75229 |
| Medicare 2: | | | | | | Services: |
| Phone | (212) 203-9260 | Fax | (214) 594-9725 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMES M. MALAKOFF | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/21/2014 | Owner Information |
| License # | 015989 | | | | | DOMINQUE BECK |
| Lic Expire | 01/31/2018 | | | | | 1138 HOLLAND DR |
| Medicare 1: | | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 235-1986 | Fax | (214) 594-8302 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DOMINIQUE BECK | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/31/2007 | Owner Information |
| License # | 011047 | | | | | A & D HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 750 COLONEL DRIVE STE 2A |
| Medicare 1: | 743122 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 703-9665 | Fax | (214) 703-6663 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNA D AFANGIDEH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/01/2017 | Owner Information |
| License # | 017896 | | | | | A BLESSED ASSURANCE HOME CARE AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 2775 VILLA CREEK DRIVE SUITE 170 |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 243-5900 | Fax | (972) 243-5901 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELECIA MCKINNEY THOMPSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/12/2010 | Owner Information |
| License # | 013104 | | | | | ABOUNDING HOME HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | 4569 DONEGAL DRIVE |
| Medicare 1: | 747474 | | | | | FRISCO, TX 75034 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 327-3783 | Fax | (888) 567-4172 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHAWN CHACKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/23/2017 | Owner Information |
| License # | 018130 | | | | | ABOUNDING HOSPICE CARE INC |
| Lic Expire | 06/30/2019 | | | | | 310 EAST I-30 #B 108 |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 327-3783 | Fax | (888) 567-4172 | | | Hospice |
| Type: | Parent Agency | Administrator | SHAWN CHACKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/10/2008 | Owner Information |
| License # | 012381 | | | | | ACCESS PRIMARY HOME CARE INC |
| Lic Expire | 07/31/2018 | | | | | 350 OAKS TRAIL SUITE 201 |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 203-2300 | Fax | (972) 203-2303 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | DARLENE D TITUS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 10/30/2014 | <u>Owner Information</u> |
| License # | 016701 | | | | | ACME HEALTHCARE INC |
| Lic Expire | 10/31/2018 | | | | | 350 OAKS TRAIL SUITE 202 |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 240-4099 | Fax | (972) 692-5333 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON V OMMEN | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/07/2015 | <u>Owner Information</u> |
| License # | 016895 | | | | | ACREDABLE HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 721 MILL BRANCH DR |
| Medicare 1: | | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (214) 878-7299 | Fax | (214) 594-9008 | | | Services: |
| Type: | Parent Agency | Administrator | OLAJUMOKE ADETORO | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/05/1997 | <u>Owner Information</u> |
| License # | 005253 | | | | | ADA LIGHT HOME HEALTH LLC |
| Lic Expire | 02/28/2018 | | | | | 3200 BROADWAY BLVD STE 274 |
| Medicare 1: | 459317 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 926-4558 | Fax | (972) 926-4919 | | | Services: |
| Type: | Parent Agency | Administrator | CHRIS NWANERI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/01/2010 | <u>Owner Information</u> |
| License # | 013791 | | | | | ALIVE HOME HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 350 OAKS TRL STE 140 |
| Medicare 1: | 747048 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 230-2332 | Fax | (972) 274-6756 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON OOMMEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/05/2017 | <u>Owner Information</u> |
| License # | 018088 | | | | | ALLPURPOSE CARE HOMEHEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 3826 DUCK CREEK DRIVE |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (469) 720-1900 | Fax | (469) 661-8817 | | | Services: |
| Type: | Parent Agency | Administrator | AKINOLA FAMAKINWA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/06/2009 | <u>Owner Information</u> |
| License # | 012582 | | | | | ALPHA HOME HEALTH SERVICES |
| Lic Expire | 05/31/2019 | | | | | PO BOX 495998 |
| Medicare 1: | 747618 | | | | | GARLAND, TX 75049 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-9588 | Fax | (972) 278-9203 | | | Services: |
| Type: | Parent Agency | Administrator | JJJI JOHN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/26/2017 | <u>Owner Information</u> |
| License # | 018079 | | | | | ANGEL VALLEY HOSPICE LLC |
| Lic Expire | 05/31/2019 | | | | | 346 OAKS TRAIL SUITE 203 |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 246-7140 | Fax | (972) 478-0047 | | | Services: |
| Type: | Parent Agency | Administrator | IRISH BANKS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/15/2010 | <u>Owner Information</u> |
| License # | 013246 | | | | | ASSURANCE HOME CARE SOLUTIONS LLC |
| Lic Expire | 04/30/2018 | | | | | 2210 ELM FALLS PLACE |
| Medicare 1: | 747791 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 698-8758 | Fax | (972) 349-9813 | | | Services: |
| Type: | Parent Agency | Administrator | OBIOMA OGBONNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/14/2014 | <u>Owner Information</u> |
| License # | 015977 | | | | | AVENUE HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 3939 US HIGHWAY 80 E STE 458B |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 786-6755 | Fax | (469) 786-6794 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GILBERT M KABERIA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/07/2009 | <u>Owner Information</u> |
| License # | 012585 | | | | | BENEDAL HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 14822 BRIDLE BEND DR |
| Medicare 1: | 747800 | | | | | BALCH SPRINGS, TX 75180 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 200-4467 | Fax | (972) 200-3934 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALVINE METOHO EKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/16/2010 | <u>Owner Information</u> |
| License # | 013175 | | | | | BERITER HEALTHCARE LLC |
| Lic Expire | 03/31/2020 | | | | | 1618 SKYLINE DRIVE |
| Medicare 1: | 747671 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 886-9106 | Fax | (214) 440-1033 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DOROTHY BUDZI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/11/2005 | <u>Owner Information</u> |
| License # | 010038 | | | | | BEST PROVIDERCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 121 LANSHIRE DRIVE |
| Medicare 1: | 679563 | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 203-1414 | Fax | (972) 203-1412 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OGBEYALU UKPAI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2005 | <u>Owner Information</u> |
| License # | 009861 | | | | | LEANZA INC |
| Lic Expire | 07/31/2018 | | | | | 1709 LAKE BLUFF DRIVE |
| Medicare 1: | 677818 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 279-9700 | Fax | (972) 279-9710 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOEY BETHEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/13/2008 | <u>Owner Information</u> |
| License # | 012254 | | | | | BETTER OPTIONS HOMECARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 310 E IH 30 SUITE 103 |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 203-8517 | Fax | (972) 203-8518 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUCY T KANYANGI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/28/2017 | <u>Owner Information</u> |
| License # | 018391 | | | | | BEYONDFAITH HOMECARE & REHAB LLC |
| Lic Expire | 07/31/2019 | | | | | 5340 LEGACY DRIVE SUITE 150 |
| Medicare 1: | 679335 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 203-8200 | Fax | (972) 203-8292 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SUSAN DUTY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/27/2009 | <u>Owner Information</u> |
| License # | 012822 | | | | | BREEZE HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2019 | | | | | 5226 ALEC DR |
| Medicare 1: | 747555 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 321-1603 | Fax | (972) 591-5582 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISSY MATHEW | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/09/2015 | Owner Information |
| License # | 012043 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 278-8500 | Fax | (972) 271-9931 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TAMIKA NEWMAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/11/2013 | Owner Information |
| License # | 015813 | | | | | CLASSIC LIFE HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 5317 VIEWSIDE DRIVE |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 336-1885 | Fax | (972) 240-8899 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MODUPE A ALI OKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/15/2003 | Owner Information |
| License # | 008288 | | | | | COMFORT HOME HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 6133 ALDWICK DRIVE |
| Medicare 1: | 679252 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 203-1010 | Fax | (972) 203-1011 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SABU JOSEPH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/02/2008 | Owner Information |
| License # | 012328 | | | | | CORNERSTONE HOSPICE CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 1505 NORTHWEST HIGHWAY |
| Medicare 1: | 671658 | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 200-7225 | Fax | (888) 977-3370 | | | Hospice |
| Type: | Parent Agency | Administrator | DANNY WEEMS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/2017 | Owner Information |
| License # | 018161 | | | | | CREST HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 1111 BELT LINE RD SUITE 201B |
| Medicare 1: | 457933 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 496-5252 | Fax | (972) 236-0009 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY ERINGO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/18/2010 | Owner Information |
| License # | 013708 | | | | | CUDDLE ME HOME CARE PLLC |
| Lic Expire | 08/31/2018 | | | | | 6830 HOMINY RIDGE |
| Medicare 1: | 457970 | | | | | ROWLETT, TX 75030 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 226-1015 | Fax | (972) 226-1814 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BETTY REYNOLDS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/04/2007 | Owner Information |
| License # | 011368 | | | | | DALLAS HOME HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | 4501 GRANTHAM DR |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 227-4577 | Fax | (214) 237-4473 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MATHEW CHACKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/13/2009 | Owner Information |
| License # | 012868 | | | | | DEPENDABLE CARE HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 5318 GLEN VISTA DRIVE |
| Medicare 1: | 743180 | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 366-5784 | Fax | (214) 703-0611 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TEDRA HICKS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 04/14/2017 | Owner Information |
| License # | 018027 | | | | | DEPENDABLE HOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 3617 BROADWAY BLVD., SUITE A |
| Medicare 1: | 679381 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-7900 | Fax | (214) 221-7911 | | | Services: |
| Type: | Parent Agency | Administrator | SAM C. VARGHESE | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/25/2009 | Owner Information |
| License # | 012731 | | | | | DESTINY FIRST HOME HEALTH CARE INC |
| Lic Expire | 03/31/2019 | | | | | 2930 LANDERSHIRE LANE |
| Medicare 1: | 747240 | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | |
| Phone | (972) 757-8914 | Fax | (972) 675-2104 | | | Services: |
| Type: | Parent Agency | Administrator | GERALDINE OKPARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/07/2018 | Owner Information |
| License # | 018598 | | | | | DIAMOND HEALTHCARE SERVICES LLC |
| Lic Expire | 02/29/2020 | | | | | 102 N SHILOH ROAD SUITE 212 |
| Medicare 1: | | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (469) 626-0152 | Fax | (469) 626-0153 | | | Services: |
| Type: | Parent Agency | Administrator | IFEOMA EZENNIA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/28/2012 | Owner Information |
| License # | 014746 | | | | | DIVINE TOUCH HEALTH SERVICES |
| Lic Expire | 02/28/2018 | | | | | 2940 BROADWAY BLVD SUITE # 107 |
| Medicare 1: | 747142 | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-0295 | Fax | (214) 703-0296 | | | Services: |
| Type: | Parent Agency | Administrator | ODOCHI ONUNGWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/11/2006 | Owner Information |
| License # | 010679 | | | | | EMRICK HOME HEALTH |
| Lic Expire | 08/31/2018 | | | | | 2301 FOREST LANE SUITE 400 |
| Medicare 1: | 743125 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (972) 494-5444 | Fax | (972) 494-2331 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICK JACKSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/19/2008 | Owner Information |
| License # | 012183 | | | | | ENVISION HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 730 EAST GRUBB DR |
| Medicare 1: | 747266 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 285-7286 | Fax | (972) 285-7296 | | | Services: |
| Type: | Parent Agency | Administrator | BOBBY KOSHY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/29/2006 | Owner Information |
| License # | 010902 | | | | | EVEREST HOME HEALTH AGENCY |
| Lic Expire | 11/30/2016 | | | | | 922 BARD DRIVE |
| Medicare 1: | 747331 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (972) 489-0139 | Fax | (214) 703-9929 | | | Services: |
| Type: | Parent Agency | Administrator | DALANDA KAWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2006 | Owner Information |
| License # | 010402 | | | | | EXCLUSIVE HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 112 WESTMINISTER AVENUE |
| Medicare 1: | 673122 | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (972) 271-8646 | Fax | (972) 278-5750 | | | Services: |
| Type: | Parent Agency | Administrator | OFONIME AKPAN DANIEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 04/29/2009 | Owner Information |
| License # | 012570 | | | | | FIRST RAPHA HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 4402 BROADWAY BLVD, STE #15 |
| Medicare 1: | 747418 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 240-5300 | Fax | (972) 240-5332 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON DANIEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/04/2014 | Owner Information |
| License # | 016407 | | | | | 5 STAR QUALITY HOME CARE LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 3448 |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (469) 215-5840 | Fax | (214) 764-8560 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY AIRHART | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/25/2003 | Owner Information |
| License # | 008773 | | | | | GARLAND HOME HEALTHCARE AGENCY INC |
| Lic Expire | 11/30/2019 | | | | | 3302 BLUE RIDGE LANE |
| Medicare 1: | 453128 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (214) 876-9669 | Fax | (972) 276-3305 | | | Services: |
| Type: | Parent Agency | Administrator | LINUS N AYOZIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/26/2004 | Owner Information |
| License # | 008934 | | | | | GILS HOME HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 3960 BROADWAY BLVD SUITE 109 |
| Medicare 1: | 453179 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-0699 | Fax | (214) 703-6899 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN N EGWUAGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/14/2010 | Owner Information |
| License # | 013319 | | | | | GRACIOUS HOME HEALTH AGENCY AND MEDICAL SUPPLY INC |
| Lic Expire | 05/31/2018 | | | | | 5902 SASAKI WAY |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 245-4460 | Fax | (214) 432-5424 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL AGHAZIEM | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/23/2002 | Owner Information |
| License # | 008015 | | | | | HEALTHSTAR MEDICAL SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 4402 BROADWAY BOULEVARD SUITE 6F |
| Medicare 1: | 679202 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 227-5516 | Fax | (214) 227-5534 | | | Services: |
| Type: | Parent Agency | Administrator | EBERECHI AGBARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/10/2014 | Owner Information |
| License # | 016253 | | | | | HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC |
| Lic Expire | 06/30/2018 | | | | | 606 HARVEST HILL DR |
| Medicare 1: | | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (214) 772-4238 | Fax | (214) 594-2244 | | | Services: |
| Type: | Parent Agency | Administrator | RENJITH FINNEY | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/26/2018 | Owner Information |
| License # | 018576 | | | | | L & B HEALTH ANGELS INC. |
| Lic Expire | 01/31/2020 | | | | | 10303 JENNIFER CIRCLE |
| Medicare 1: | | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (469) 235-7474 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | LUKEYSHA ISAAC | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/26/2007 | <u>Owner Information</u> |
| License # | 011588 | | | | | HOMELAND HOME HEALTH AGENCY INC |
| Lic Expire | 06/30/2019 | | | | | 1919 SOUTH SHILOH STE 515 |
| Medicare 1: | 677825 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-7213 | Fax | (972) 278-7163 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH KIMUNAI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/20/2014 | <u>Owner Information</u> |
| License # | 016492 | | | | | JEFFREY KEECH ENTERRISES LLC |
| Lic Expire | 10/31/2018 | | | | | 1333 ST JOSEPH STREET |
| Medicare 1: | | | | | | DALLAS, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (817) 832-9908 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ALMA GARCIA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/06/2016 | <u>Owner Information</u> |
| License # | 017583 | | | | | PEACEWAY HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | 3200 BROADWAY BLVD SUITE 220 |
| Medicare 1: | 741556 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-0905 | Fax | (972) 278-1289 | | | Services: |
| Type: | Parent Agency | Administrator | CHAD HIGBEE | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 02/03/2016 | <u>Owner Information</u> |
| License # | 017254 | | | | | HOSPICE CARE OF NORTH TEXAS, INC. |
| Lic Expire | 02/28/2018 | | | | | 2306 GUTHRIE ROAD, SUITE #260-E |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 564-8543 | Fax | (972) 767-0832 | | | Services: |
| Type: | Parent Agency | Administrator | OLGA CARMICHAEL | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/31/2017 | <u>Owner Information</u> |
| License # | 018083 | | | | | IMPRINT HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 514 SAN PEDRO DR. |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 336-9417 | Fax | (214) 336-9417 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIE MCELROY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/28/2005 | <u>Owner Information</u> |
| License # | 009658 | | | | | JCP & P HOME HEALTHCARE AGENCY |
| Lic Expire | 03/31/2019 | | | | | 3605 BROADWAY BLVD SUITE B |
| Medicare 1: | 677877 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 638-4500 | Fax | (214) 389-4356 | | | Services: |
| Type: | Parent Agency | Administrator | JANE N EKWONYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/23/2016 | <u>Owner Information</u> |
| License # | 017744 | | | | | JEFTONS HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 113 BRENTWOOD DR. |
| Medicare 1: | 747642 | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | |
| Phone | (682) 360-4396 | Fax | (214) 260-1900 | | | Services: |
| Type: | Parent Agency | Administrator | CAREN JEPKSOGEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/12/2005 | <u>Owner Information</u> |
| License # | 009952 | | | | | JENMERIT HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 1913 MESA COURT |
| Medicare 1: | 677831 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-9444 | Fax | (972) 278-4606 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL ONYIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/11/2017 | <u>Owner Information</u> |
| License # | 018154 | | | | | JESSE HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 1715 AUDREY DR |
| Medicare 1: | | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (469) 767-0114 | Fax | (972) 495-0367 | | | Services: |
| Type: | Parent Agency | Administrator | WINIFRED NWAOKOLO | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/28/2016 | <u>Owner Information</u> |
| License # | 017710 | | | | | JMAC HEALTHCARE LLC |
| Lic Expire | 10/31/2018 | | | | | 4301 CRYSTAL LANE |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 338-5404 | Fax | (972) 203-2298 | | | Services: |
| Type: | Parent Agency | Administrator | OGECHI OCHURU | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/02/2006 | <u>Owner Information</u> |
| License # | 010221 | | | | | KBS HOME HEALTH AGENCY INC |
| Lic Expire | 01/31/2018 | | | | | 1008 STONEWALL ST SUITE F |
| Medicare 1: | 679535 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 227-5800 | Fax | (214) 227-5844 | | | Services: |
| Type: | Parent Agency | Administrator | BOB OCHULO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/05/2014 | <u>Owner Information</u> |
| License # | 016016 | | | | | LALA HEALTHCARE SOLUTIONS LLC |
| Lic Expire | 02/28/2018 | | | | | 4713 PARKHAVEN DR |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 212-0068 | Fax | (866) 740-7952 | | | Services: |
| Type: | Parent Agency | Administrator | CHANTAL M TORRAIN | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/11/2003 | <u>Owner Information</u> |
| License # | 008359 | | | | | LEGEND HOME HEALTHCARE INC |
| Lic Expire | 03/31/2018 | | | | | 5730 BENTLEY DR |
| Medicare 1: | 679323 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 328-6200 | Fax | (214) 328-6210 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIANA NWAMUO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/23/2016 | <u>Owner Information</u> |
| License # | 017823 | | | | | LIFEGATE HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 310 E I30 STE B105 |
| Medicare 1: | 679279 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (469) 554-5482 | Fax | (972) 772-4725 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE CHUKWUKELU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2016 | <u>Owner Information</u> |
| License # | 017940 | | | | | LMS HOSPICE INC |
| Lic Expire | 11/30/2018 | | | | | 350 OAKS TRAIL, SUITE #201 |
| Medicare 1: | 741507 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 203-2300 | Fax | (972) 203-2303 | | | Services: |
| Type: | Parent Agency | Administrator | DARLENE TITUS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2017 | <u>Owner Information</u> |
| License # | 017991 | | | | | M&D HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 9535 FOREST LANE SUITE 214 |
| Medicare 1: | 747617 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 677-7897 | Fax | (972) 677-7984 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL UZODINMA IGWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 05/14/2010 | Owner Information |
| License # | 013321 | | | | | MED- CERT HOME CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 6550 NAAMAN FOREST BLVD ST: 100 |
| Medicare 1: | 747507 | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | |
| Phone | (972) 303-2424 | Fax | (972) 303-1620 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN MATHEW | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/06/2008 | Owner Information |
| License # | 011916 | | | | | MERIT HOME HEALTHCARE INC |
| Lic Expire | 03/31/2019 | | | | | 1919 S. SHILOH ROAD SUITE #525 |
| Medicare 1: | 747358 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (214) 575-4645 | Fax | (214) 575-9119 | | | Services: |
| Type: | Parent Agency | Administrator | CHUKWUMA E UZOIGWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/17/2002 | Owner Information |
| License # | 008164 | | | | | METRO HOME CARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 1301 NORTHWEST HIGHWAY STE 102 |
| Medicare 1: | 679243 | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-3756 | Fax | (214) 703-3760 | | | Services: |
| Type: | Parent Agency | Administrator | MARYCOLLET OKON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/02/2009 | Owner Information |
| License # | 012640 | | | | | MIRACLE HEALTHCARE SERVICES INCORPORATED |
| Lic Expire | 06/30/2019 | | | | | 1802 GARRISON WAY |
| Medicare 1: | 747652 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (972) 271-5381 | Fax | (972) 271-5724 | | | Services: |
| Type: | Parent Agency | Administrator | SUNDAY OMENIHU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/04/2017 | Owner Information |
| License # | 018274 | | | | | MJS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2019 | | | | | 350 OAKS TRAIL SUITE 201 |
| Medicare 1: | 747498 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (469) 733-7873 | Fax | (972) 674-2627 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH KUTTIPARAMBIL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/10/2009 | Owner Information |
| License # | 012847 | | | | | MORAS HOME CARE INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 450878 |
| Medicare 1: | | | | | | GARLAND, TX 75045 |
| Medicare 2: | | | | | | |
| Phone | (972) 658-6756 | Fax | (972) 530-0503 | | | Services: |
| Type: | Parent Agency | Administrator | HALIMA CASTILLO | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/22/2008 | Owner Information |
| License # | 012115 | | | | | NEW GRACE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 2622 WOODPARK DRIVE |
| Medicare 1: | 747359 | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | |
| Phone | (214) 431-6712 | Fax | (469) 298-3233 | | | Services: |
| Type: | Parent Agency | Administrator | WINIFRED UDEOGU MOORE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/15/2013 | Owner Information |
| License # | 015835 | | | | | COSMIC HOME HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | 1505 NORTHWEST HIGHWAY |
| Medicare 1: | 747339 | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | |
| Phone | (972) 248-7848 | Fax | (972) 798-8457 | | | Services: |
| Type: | Parent Agency | Administrator | ROY A KOSHY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/18/2013 | <u>Owner Information</u> |
| License # | 016219 | | | | | NEWWAY HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 713 GATEWOOD ROAD, SUITE #A |
| Medicare 1: | 747562 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 238-7548 | Fax | (972) 238-7545 | | | Services: |
| Type: | Parent Agency | Administrator | INEZ MCGHEE TOLLIVER | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/14/2011 | <u>Owner Information</u> |
| License # | 014345 | | | | | NICON HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 3002 CREEK VALLEY DR |
| Medicare 1: | | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (214) 440-2085 | Fax | (972) 675-5421 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM OKECHUKU IBE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/09/2004 | <u>Owner Information</u> |
| License # | 009189 | | | | | NOBLECARE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 2614 ROUGHLEAF LANE |
| Medicare 1: | 457800 | | | | | ROWLETT, TX 75089 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-8700 | Fax | (972) 278-8723 | | | Services: |
| Type: | Parent Agency | Administrator | CHARITY N EKPO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/06/2009 | <u>Owner Information</u> |
| License # | 012493 | | | | | CHOICE HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 17826 DAVENPORT ROAD |
| Medicare 1: | 741581 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | |
| Phone | (972) 620-9084 | Fax | (972) 484-4997 | | | Services: |
| Type: | Parent Agency | Administrator | SATHYAJITH NAIR | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/10/2012 | <u>Owner Information</u> |
| License # | 014786 | | | | | GMAC PATHWAY INC |
| Lic Expire | 04/30/2018 | | | | | 3960 BROADWAY BLVD SUITE 232 |
| Medicare 1: | 743143 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-2200 | Fax | (972) 278-2203 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFEMI AINA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/06/2017 | <u>Owner Information</u> |
| License # | 018272 | | | | | ELUZAY LLC |
| Lic Expire | 07/31/2019 | | | | | 2302 GUTHERIE ROAD |
| Medicare 1: | 677839 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 503-7400 | Fax | (214) 503-7460 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH KUTTIPARAMBIL | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/03/2008 | <u>Owner Information</u> |
| License # | 012049 | | | | | FORTUNE EZEHOA AND LINDA EZEHOA |
| Lic Expire | 06/30/2018 | | | | | 1206 BAYSIDE DRIVE |
| Medicare 1: | 747322 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (214) 694-6940 | Fax | (972) 202-6633 | | | Services: |
| Type: | Parent Agency | Administrator | FORTUNE EZEHOA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/05/2016 | <u>Owner Information</u> |
| License # | 017419 | | | | | OZONE LLC |
| Lic Expire | 04/30/2018 | | | | | 4430 WARBLER LANE |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 666-8000 | Fax | (832) 408-7870 | | | Services: |
| Type: | Parent Agency | Administrator | SHERIN LAKSHMANAN | | | Personal Assistance Services |

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/13/2010 | Owner Information |
| License # | 013455 | | | | | REJOICE HEALTH LLC |
| Lic Expire | 07/31/2018 | | | | | 1218 LUNA LANE |
| Medicare 1: | 747637 | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | |
| Phone | (972) 675-1033 | Fax | (972) 675-1033 | | | Services: |
| Type: | Parent Agency | Administrator | GRACY JILSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/16/2002 | Owner Information |
| License # | 008154 | | | | | RELIABLE GROUP INC |
| Lic Expire | 10/31/2018 | | | | | 409 VIA SEVILLA |
| Medicare 1: | 679251 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-9423 | Fax | (214) 703-0893 | | | Services: |
| Type: | Parent Agency | Administrator | KUMAR AGRAWAL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/26/2011 | Owner Information |
| License # | 014341 | | | | | ROCK OF AGES HOME HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | 3615 BROADWAY BLVD STE C |
| Medicare 1: | 459468 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 840-2222 | Fax | (972) 840-3311 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE E. GINIGEME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/11/2015 | Owner Information |
| License # | 017172 | | | | | SAINT ANDREW HOSPICE LLC |
| Lic Expire | 12/31/2019 | | | | | 346 OAKS TRAIL SUITE 202 |
| Medicare 1: | 741630 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 232-2241 | Fax | (972) 232-2241 | | | Services: |
| Type: | Parent Agency | Administrator | IRISH BANKS | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 03/31/2015 | Owner Information |
| License # | 016719 | | | | | SAINT CATHERINE HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 4229 GLENHAVEN DRIVE |
| Medicare 1: | 741690 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (214) 466-9501 | Fax | (972) 276-8759 | | | Services: |
| Type: | Parent Agency | Administrator | BENJAMIN MADUKA | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 11/12/2007 | Owner Information |
| License # | 011681 | | | | | SILVERLINE HEALTHCARE NETWORK INC |
| Lic Expire | 11/30/2019 | | | | | 923 S JUPITER ROAD |
| Medicare 1: | 747131 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (972) 494-5400 | Fax | (972) 494-4700 | | | Services: |
| Type: | Parent Agency | Administrator | PAUL EKE UDUMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/09/2012 | Owner Information |
| License # | 014790 | | | | | BEST CARE HOSPICE LLC |
| Lic Expire | 05/31/2018 | | | | | 1101 STONEWALL ST, STE 601 |
| Medicare 1: | 741558 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 784-4066 | Fax | (972) 920-3127 | | | Services: |
| Type: | Parent Agency | Administrator | BAIJU PILLAI | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 08/13/2009 | Owner Information |
| License # | 012777 | | | | | STAR CHOICE HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 1003 WESTMINISTER AVENUE |
| Medicare 1: | 747403 | | | | | MURPHY, TX 75094 |
| Medicare 2: | | | | | | |
| Phone | (972) 578-0044 | Fax | (214) 389-4356 | | | Services: |
| Type: | Parent Agency | Administrator | JANE EKWONYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 05/13/2011 | <u>Owner Information</u> |
| License # | 014097 | | | | | STARLING HEALTHCARE SERVICES |
| Lic Expire | 05/31/2019 | | | | | 501 BASSWOOD TRAIL |
| Medicare 1: | | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | |
| Phone | (469) 463-1953 | Fax | (972) 905-5074 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONIA N EZI | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/01/1999 | <u>Owner Information</u> |
| License # | 007190 | | | | | SUNRISE PRIMARY CARE SERVICES |
| Lic Expire | 07/31/2019 | | | | | 1221 ARISTA LN |
| Medicare 1: | | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-1414 | Fax | (972) 278-1399 | | | Services: |
| Type: | Parent Agency | Administrator | HANS SCHULZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/26/2009 | <u>Owner Information</u> |
| License # | 012410 | | | | | TEXAS PREMIER HOME HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 713 GATEWOOD ROAD SUITE C |
| Medicare 1: | 747325 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 226-3300 | Fax | (972) 285-7444 | | | Services: |
| Type: | Parent Agency | Administrator | MATHEW C PUTHENPURACKEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/31/2017 | <u>Owner Information</u> |
| License # | 018516 | | | | | TREND HEALTH CARE INC |
| Lic Expire | 10/31/2019 | | | | | 915 SOUTH JUPITER ROAD |
| Medicare 1: | 677889 | | | | | GARLAND, TX 75042 |
| Medicare 2: | | | | | | |
| Phone | (214) 343-4600 | Fax | (214) 343-4601 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIE ECHIKWA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/27/2015 | <u>Owner Information</u> |
| License # | 016826 | | | | | TRIAD PEDIATRIC HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 6111 SHOAL CREEK TRAIL |
| Medicare 1: | | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | |
| Phone | (972) 495-5150 | Fax | (972) 495-1806 | | | Services: |
| Type: | Parent Agency | Administrator | CORINNE BAYER SORENSON | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/04/2010 | <u>Owner Information</u> |
| License # | 013151 | | | | | TRINITY ANGELS HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2020 | | | | | 2306 GUTHRIE ROAD SUITE #260-F |
| Medicare 1: | 747529 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 226-1600 | Fax | (214) 309-9207 | | | Services: |
| Type: | Parent Agency | Administrator | JOBI ABRAHAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/23/2006 | <u>Owner Information</u> |
| License # | 010352 | | | | | J & M COMMUNICATIONS INC |
| Lic Expire | 03/31/2019 | | | | | 4402 BROADWAY BLVD STE 14 |
| Medicare 1: | 679543 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 240-4700 | Fax | (972) 240-8700 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/21/2017 | <u>Owner Information</u> |
| License # | 018057 | | | | | ULTIMATE PLUS HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 4402 BROADWAY BLVD., SUTIE 9A |
| Medicare 1: | 741614 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 427-8227 | Fax | (217) 427-8228 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON DANIEL | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/14/1997 | Owner Information |
| License # | 005847 | | | | | VISION HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 409 EAST CENTERVILLE ROAD SUITE A |
| Medicare 1: | 679023 | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-0767 | Fax | (214) 703-0765 | | | Services: |
| Type: | Parent Agency | Administrator | SURESH AGRAWAL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/30/2009 | Owner Information |
| License # | 012420 | | | | | VERSA SALES LLC |
| Lic Expire | 01/31/2019 | | | | | 82222 CLUB MEADOWS |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 703-8123 | Fax | (214) 975-8300 | | | Services: |
| Type: | Parent Agency | Administrator | RODNEY ROTHWELL | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/01/2009 | Owner Information |
| License # | 012880 | | | | | VITAL HOME HEALTH CARE INC |
| Lic Expire | 09/30/2019 | | | | | 3321 BROADWAY SUITE 201 |
| Medicare 1: | 747051 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 840-1010 | Fax | (972) 840-1011 | | | Services: |
| Type: | Parent Agency | Administrator | SABU JOSEPH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2016 | Owner Information |
| License # | 017667 | | | | | WILCARE HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 551 BROADWAY COMMONS SUITE 400 |
| Medicare 1: | 747780 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 240-6200 | Fax | (972) 240-6255 | | | Services: |
| Type: | Parent Agency | Administrator | SHARMATHA RAJESH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/12/2016 | Owner Information |
| License # | 017614 | | | | | WKM HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 551 BROADWAY COMMONS #300 |
| Medicare 1: | 747156 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 240-8600 | Fax | (972) 240-8607 | | | Services: |
| Type: | Parent Agency | Administrator | SHARMATHA RAJESH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/17/2006 | Owner Information |
| License # | 010811 | | | | | 1ST PRECIOUS HOME HEALTHCARE AGENCY |
| Lic Expire | 10/31/2019 | | | | | 5928 SUMMERWOOD DR |
| Medicare 1: | 679770 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 269-3900 | Fax | (972) 269-3901 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORINE TEBONG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/18/2011 | Owner Information |
| License # | 014297 | | | | | ADF HOMECARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 2306 OAKLANE SUITE 10 |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 639-1997 | Fax | (972) 782-4800 | | | Services: |
| Type: | Parent Agency | Administrator | GLADYS M KUTEYI | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/27/2009 | Owner Information |
| License # | 012416 | | | | | ADVENT HOME CARE INCORPORATED |
| Lic Expire | 01/31/2017 | | | | | 2306 OAK LANE STE 206 |
| Medicare 1: | 747412 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 642-2400 | Fax | (972) 642-2402 | | | Services: |
| Type: | Parent Agency | Administrator | EDOLO AZENABOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 10/16/2015 | <u>Owner Information</u> |
| License # | 017082 | | | | | AFC PALLIATIVE AND HOSPICE CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 2321 S. BELTLINE RD. STE 101A BOX 22 |
| Medicare 1: | 741679 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (844) 231-5888 | Fax | (214) 935-9312 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | VAISHALI PATEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/17/1997 | <u>Owner Information</u> |
| License # | 005225 | | | | | ANGEL CARE HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 1839 S CARRIER PARKWAY |
| Medicare 1: | 459412 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 262-6435 | Fax | (972) 237-1495 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNAMMA T MALIYIL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/14/2014 | <u>Owner Information</u> |
| License # | 016376 | | | | | ANGELS AT WORK TINA SAMPLE LLC |
| Lic Expire | 08/31/2018 | | | | | 2739 SIERRA SPRINGS DR |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (214) 697-6063 | Fax | (214) 412-2496 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | TINA SAMPLE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/24/2015 | <u>Owner Information</u> |
| License # | 016798 | | | | | ARBOR TRINITY HOME HEALTH LLC |
| Lic Expire | 02/28/2019 | | | | | 4324 N BELT LINE ROAD SUITE 205C |
| Medicare 1: | 747624 | | | | | IRVING, TX 75038 |
| Medicare 2: | | | | | | |
| Phone | (214) 872-2733 | Fax | (214) 872-2703 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DARWIN NOLASCO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/04/2009 | <u>Owner Information</u> |
| License # | 012947 | | | | | A-Z HEALTHCARE AGENCIES AND HOMECARE LLC |
| Lic Expire | 11/30/2019 | | | | | 2874 PERRINE PALCE |
| Medicare 1: | 747694 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 264-1121 | Fax | (866) 827-3933 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUFUNKE ALADEYELU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/21/2013 | <u>Owner Information</u> |
| License # | 015612 | | | | | DE LOVELY HOME CARE, INC. |
| Lic Expire | 06/30/2019 | | | | | 4442 HANOVER STREET |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (214) 881-1888 | Fax | (469) 375-2476 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | EVBU OSUNDE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/12/2010 | <u>Owner Information</u> |
| License # | 013312 | | | | | E E CORNERSTONE HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 203 LONGHORN TRL |
| Medicare 1: | 747759 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (214) 809-0449 | Fax | (972) 854-6632 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLINE O NWACHUKWU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/21/2014 | <u>Owner Information</u> |
| License # | 016661 | | | | | AMERICAN FAMILY CONNECTIONS INC |
| Lic Expire | 11/30/2018 | | | | | 2321 S BELTLINE RD STE 101 BOX 22 |
| Medicare 1: | 679445 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (214) 941-9522 | Fax | (469) 916-2692 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VAISHALI PATEL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2007 | Owner Information |
| License # | 011340 | | | | | GOOD HANDS CARE HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 2809 TANNER WAY |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (469) 767-6306 | Fax | (972) 641-7556 | | | Services: |
| Type: | Parent Agency | Administrator | EUCHARIA O UMEH | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/06/2014 | Owner Information |
| License # | 016021 | | | | | HOFMEIR HOME CARE & MANAGEMENT INC |
| Lic Expire | 02/28/2018 | | | | | 2665 VILLA CREEK DRIVE STE 257 |
| Medicare 1: | | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (214) 694-4117 | Fax | (214) 292-9769 | | | Services: |
| Type: | Parent Agency | Administrator | JOAN MFORTA ARREY | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/26/2006 | Owner Information |
| License # | 010573 | | | | | IMMACULATE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 4923 STEEPLE CHASE CT |
| Medicare 1: | 679688 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 602-2008 | Fax | (972) 602-3509 | | | Services: |
| Type: | Parent Agency | Administrator | OLARINARE AJAYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2007 | Owner Information |
| License # | 011298 | | | | | LIVINGWELL HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2018 | | | | | 1106 N HIGHWAY 360 SUITE 220 |
| Medicare 1: | 677956 | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (972) 522-0044 | Fax | (972) 522-0088 | | | Services: |
| Type: | Parent Agency | Administrator | CHINEDU C OKAFOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/05/2006 | Owner Information |
| License # | 010917 | | | | | REBECCA MWONGA |
| Lic Expire | 12/31/2019 | | | | | 2300 VALLEY VIEW LANE SUITE 870 |
| Medicare 1: | 747120 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (817) 803-5884 | Fax | (469) 520-5801 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA MWONGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/27/2012 | Owner Information |
| License # | 014956 | | | | | J & C HOMECARE AGENCY |
| Lic Expire | 07/31/2018 | | | | | 1700 E PIONEER PKWAY # 188 |
| Medicare 1: | | | | | | ARLINGTON, TX 76010 |
| Medicare 2: | | | | | | |
| Phone | (214) 444-7535 | Fax | (214) 382-9405 | | | Services: |
| Type: | Parent Agency | Administrator | VIVI NGOC VU | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/27/2010 | Owner Information |
| License # | 013581 | | | | | JACOP HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 3560 QUANNAH DRIVE |
| Medicare 1: | 747598 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 325-1598 | Fax | (972) 752-7087 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA ANANTI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/22/2004 | Owner Information |
| License # | 009321 | | | | | JCARE HOME HEALTH AGENCY LLC |
| Lic Expire | 09/30/2019 | | | | | 2305 OAK LANE SUITE 229 |
| Medicare 1: | 673197 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 264-2737 | Fax | (972) 692-8228 | | | Services: |
| Type: | Parent Agency | Administrator | SAMSON B SADIBO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/20/2007 | Owner Information |
| License # | 011359 | | | | | KEMG HOME HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | 810 A DALWORTH STREET |
| Medicare 1: | 457999 | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (972) 262-4300 | Fax | (972) 262-4302 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH OLABODE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/10/2017 | Owner Information |
| License # | 018049 | | | | | LONE STAR VISITING CAREGIVERS LLC |
| Lic Expire | 05/31/2019 | | | | | 802 GREENVIEW DRIVE |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (682) 203-4126 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ISATOU JAWARA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/07/2018 | Owner Information |
| License # | 018596 | | | | | M & M PERSONAL CARE SERVICES, LLC. |
| Lic Expire | 02/29/2020 | | | | | 2032 CROSBYTON LN |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (214) 235-0652 | Fax | (877) 485-6101 | | | Services: |
| Type: | Parent Agency | Administrator | MOSES MADUBUIKE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/28/2015 | Owner Information |
| License # | 017515 | | | | | MAKAVIC HOME HEALTH LLC |
| Lic Expire | 12/31/2017 | | | | | 2307 OAK LANE SUITE 213 |
| Medicare 1: | 679723 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 639-3220 | Fax | (972) 639-3313 | | | Services: |
| Type: | Parent Agency | Administrator | OLUWATOYIN A. OLUWASOLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/30/2006 | Owner Information |
| License # | 010687 | | | | | MHH INC |
| Lic Expire | 06/30/2018 | | | | | 2100 VIRGINA DR STE 100-A |
| Medicare 1: | 743186 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 992-0190 | Fax | (972) 852-1682 | | | Services: |
| Type: | Parent Agency | Administrator | DAISY SARMIENTO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/06/2017 | Owner Information |
| License # | 017965 | | | | | GRAPEVINE MISSION HOSPICE, LLC. |
| Lic Expire | 01/31/2019 | | | | | 14295 MIDWAY ROAD, SUITE #400 |
| Medicare 1: | 671699 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (866) 446-1067 | Fax | (855) 852-5141 | | | Services: |
| Type: | Parent Agency | Administrator | RANDY PICKERING | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/07/2009 | Owner Information |
| License # | 012538 | | | | | GREENWICH HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 1106 N HWY 360 SUITE 204/209 |
| Medicare 1: | 747520 | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (972) 602-3500 | Fax | (972) 602-3503 | | | Services: |
| Type: | Parent Agency | Administrator | SIMON OGBEIDE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2010 | Owner Information |
| License # | 013736 | | | | | ON TIME HOME HEALTH SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 4717 CHAUCER COURT |
| Medicare 1: | 747841 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 352-2943 | Fax | (972) 352-2939 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/15/2014 | Owner Information |
| License # | 016561 | | | | | ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 12/31/2018 | | | | | 2132 ORYX LANE |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 639-3753 | Fax | (972) 854-6215 | | | Services: |
| Type: | Parent Agency | Administrator | NORAH M MOCHAMA | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/28/2016 | Owner Information |
| License # | 018244 | | | | | PARKER HEALTH CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 2305 OAK LANE STE 211 |
| Medicare 1: | 747454 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (469) 610-5471 | Fax | (469) 610-5475 | | | Services: |
| Type: | Parent Agency | Administrator | OLUWATOYIN A OLUWASOLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/10/2004 | Owner Information |
| License # | 009454 | | | | | NEW STAR REALTY INC |
| Lic Expire | 12/31/2018 | | | | | 1532 DREXEL DRIVE |
| Medicare 1: | 457911 | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | |
| Phone | (972) 642-0181 | Fax | (972) 642-1211 | | | Services: |
| Type: | Parent Agency | Administrator | GRACE O OMOLOJA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/27/2010 | Owner Information |
| License # | 013584 | | | | | PRIME WORLD HOME CARE SERVICE INC |
| Lic Expire | 09/30/2018 | | | | | 1106 N HWY 360 SUITE 412 |
| Medicare 1: | 747660 | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (817) 453-6400 | Fax | (817) 453-6404 | | | Services: |
| Type: | Parent Agency | Administrator | CHIAZOM OPARACHAEKWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/10/2011 | Owner Information |
| License # | 014401 | | | | | PROFICIENT HOME HEALTH CARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 2305 OAK LN STE 225 |
| Medicare 1: | 457875 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 264-1043 | Fax | (972) 642-5071 | | | Services: |
| Type: | Parent Agency | Administrator | JUDE ANWUKAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/16/2003 | Owner Information |
| License # | 008811 | | | | | PROMED HOME HEALTH CARE, LLC. |
| Lic Expire | 12/31/2019 | | | | | 1106 NORTH HIGHWAY 360, SUITE #307 |
| Medicare 1: | 453127 | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (972) 602-0028 | Fax | (972) 641-1614 | | | Services: |
| Type: | Parent Agency | Administrator | DICKSON KUTEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/23/2007 | Owner Information |
| License # | 011653 | | | | | PRUDENT CHOICE HOMECARE SERVICE INC |
| Lic Expire | 10/31/2017 | | | | | 2304 OAK LANE SUITE 221 |
| Medicare 1: | 747433 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 237-1000 | Fax | (972) 237-1003 | | | Services: |
| Type: | Parent Agency | Administrator | OLAWOLE SOYEBO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/11/2016 | Owner Information |
| License # | 017735 | | | | | THE PRUDENT HEALTHCARE AGENCY INC |
| Lic Expire | 07/31/2018 | | | | | 8415 JARCARANDA WAY |
| Medicare 1: | 747352 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (469) 999-0861 | Fax | (469) 999-0860 | | | Services: |
| Type: | Parent Agency | Administrator | MONDDE KELVIN IYAMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/12/2009 | <u>Owner Information</u> |
| License # | 012771 | | | | | SAFEWAY HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 2321 S BELTLINE RD STE 110 |
| Medicare 1: | 747646 | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 262-7662 | Fax | (972) 262-7663 | | | Services: |
| Type: | Parent Agency | Administrator | CLIFFORD AKHAROH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/12/2008 | <u>Owner Information</u> |
| License # | 012348 | | | | | SEAT OF WISDOM HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 5247 WEST COVE WAY |
| Medicare 1: | 747453 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (469) 387-2310 | Fax | (817) 608-0028 | | | Services: |
| Type: | Parent Agency | Administrator | ALEXIS OBIORAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/25/2011 | <u>Owner Information</u> |
| License # | 014125 | | | | | TRAXX HEALTHCARE INC |
| Lic Expire | 05/31/2017 | | | | | 2844 CONRAD LANE |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 310-9290 | Fax | (972) 206-0131 | | | Services: |
| Type: | Parent Agency | Administrator | COMFORT WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2010 | <u>Owner Information</u> |
| License # | 013206 | | | | | TRINITY BESTCARE HOME HEALTH AGENCY LLC |
| Lic Expire | 03/31/2018 | | | | | 2305 OAK LANE SUITE 224 |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75051 |
| Medicare 2: | | | | | | |
| Phone | (972) 898-3773 | Fax | (972) 476-0993 | | | Services: |
| Type: | Parent Agency | Administrator | UZOAMAKA OJIRIKA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/14/2006 | <u>Owner Information</u> |
| License # | 010392 | | | | | TRIPLE AGI HOME HEALTH |
| Lic Expire | 04/30/2019 | | | | | 1106 N HWY 360 SUITE 410 |
| Medicare 1: | 679743 | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (972) 522-5758 | Fax | (972) 552-5922 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADINE UDEOZOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/12/2017 | <u>Owner Information</u> |
| License # | 018505 | | | | | TRITRAX REHABILITATION |
| Lic Expire | 09/30/2019 | | | | | 1901 N HWY 360 SUITE 410 |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75050 |
| Medicare 2: | | | | | | |
| Phone | (817) 652-2924 | Fax | (855) 239-3636 | | | Services: |
| Type: | Parent Agency | Administrator | LAUREN VIELMA-COBLER | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/30/2005 | <u>Owner Information</u> |
| License # | 010313 | | | | | UNITED COMFORT HEALTHCARE INCORPORATED |
| Lic Expire | 11/30/2017 | | | | | 5312 FREESTONE DRIVE |
| Medicare 1: | 453134 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (972) 206-0448 | Fax | (972) 206-0131 | | | Services: |
| Type: | Parent Agency | Administrator | COMFORT WILLIAMS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/04/2006 | <u>Owner Information</u> |
| License # | 010434 | | | | | VANA HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 2638 AERO DRIVE |
| Medicare 1: | 679699 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | |
| Phone | (817) 557-1642 | Fax | (817) 987-2724 | | | Services: |
| Type: | Parent Agency | Administrator | VERONIQUE NJOTU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/26/2017 | Owner Information |
| License # | 017878 | | | | | NMRK LLC |
| Lic Expire | 01/31/2019 | | | | | 3009 MANGA DRIVE |
| Medicare 1: | | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 467-4276 | Fax | (972) 362-2161 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | YUVRAJ DEWAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/19/2012 | Owner Information |
| License # | 015075 | | | | | GODLY CARE ESSENTIALS LLC |
| Lic Expire | 09/30/2018 | | | | | 904 SUNRISE LANE |
| Medicare 1: | | | | | | HUTCHINS, TX 75141 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 870-2121 | Fax | (214) 594-9887 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHANTA DIXON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/21/2003 | Owner Information |
| License # | 008344 | | | | | 1ST ALL SAINTS HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 303 WINSTON CT |
| Medicare 1: | 679282 | | | | | EULESS, TX 76039 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 953-0225 | Fax | (972) 953-0094 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LASARIAN OSHIOKPEKHA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/11/2014 | Owner Information |
| License # | 016279 | | | | | A 1 HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | 17822 DAVENPORT STE #B |
| Medicare 1: | 747572 | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 591-0110 | Fax | (214) 591-0106 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUBY JOHN MATHAI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/14/2002 | Owner Information |
| License # | 008037 | | | | | ACCREDITO HEALTH GROUP, INC. |
| Lic Expire | 06/30/2018 | | | | | ONE EXPRESS WAY |
| Medicare 1: | | | | | | ST LOUIS, MO 63121 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 929-6800 | Fax | (972) 929-6945 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHERYL FELKNER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/05/2008 | Owner Information |
| License # | 012372 | | | | | ADVANTAGE A PLUS HOME HEALTHCARE INC |
| Lic Expire | 08/31/2018 | | | | | 4230 LBJ FRWY # 107 |
| Medicare 1: | 458457 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 267-6812 | Fax | (214) 591-0106 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUBY JOHN MATHAI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/29/2017 | Owner Information |
| License # | 018285 | | | | | ALEEZA HEALTH CARE CENTER LLC |
| Lic Expire | 08/31/2019 | | | | | 4103 N STORY ROAD |
| Medicare 1: | 741616 | | | | | IRVING, TX 75038 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 767-5976 | Fax | (800) 908-1239 | | | Hospice |
| Type: | Parent Agency | Administrator | PETER NDUNGI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/01/2004 | Owner Information |
| License # | 009063 | | | | | AMERICAN PILGRIMS HEALTH SERVICES LTD CO |
| Lic Expire | 02/28/2018 | | | | | 2500 TEXAS DRIVE SUITE 101 |
| Medicare 1: | | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 255-2600 | Fax | (972) 255-2700 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ISIOMA EHIOBU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/20/2016 | <u>Owner Information</u> |
| License # | 017729 | | | | | APEX HOMECARE INC |
| Lic Expire | 06/30/2018 | | | | | 610 N O'CONNOR |
| Medicare 1: | 743104 | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 602-0896 | Fax | (972) 602-1084 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JERALD ABRAHAM | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/21/2012 | <u>Owner Information</u> |
| License # | 014646 | | | | | AXELACARE HEALTH SOLUTIONS LLC |
| Lic Expire | 02/28/2018 | | | | | 15529 COLLEGE BOULEVARD |
| Medicare 1: | | | | | | LENEXA, KS 66219 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 342-9352 | Fax | (877) 542-9352 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CARLA PROCOIO-MARTIN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/26/2002 | <u>Owner Information</u> |
| License # | 008028 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | 679606 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 916-2101 | Fax | (817) 346-6949 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | COLIN HUGHES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2011 | <u>Owner Information</u> |
| License # | 014693 | | | | | NT HOLDINGS LLC |
| Lic Expire | 09/30/2019 | | | | | 7501 ESTERS BLVD SUITE 110 |
| Medicare 1: | | | | | | IRVING, TX 75063 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 233-9966 | Fax | (469) 464-1718 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN PARKS III | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/28/2011 | <u>Owner Information</u> |
| License # | 014181 | | | | | CARTER HEALTHCARE OF NORTH TEXAS LLC |
| Lic Expire | 02/28/2019 | | | | | 4425 WEST AIRPORT FREEWAY SUITE 100 |
| Medicare 1: | 679724 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 255-3840 | Fax | (972) 255-3879 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BRAD CARTER | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/07/2010 | <u>Owner Information</u> |
| License # | 013951 | | | | | COMFORT HOSPICE OF TEXAS, LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 99278 |
| Medicare 1: | 671633 | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 871-0100 | Fax | (855) 618-6655 | | | Hospice |
| Type: | Parent Agency | Administrator | PATRICIA GRAY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/27/2016 | <u>Owner Information</u> |
| License # | 017740 | | | | | COMMUNITY BRIDGE HEALTH CARE SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | P O BOX 172992 |
| Medicare 1: | | | | | | ARLINGTON, TX 76003 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 259-2097 | Fax | (972) 259-2064 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEFFERY A AKHAROH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/08/2011 | <u>Owner Information</u> |
| License # | 014270 | | | | | LOS COLINAS COMPANION CARE FOR SENIORS INC |
| Lic Expire | 08/31/2019 | | | | | 400 GINKGO CIRCLE |
| Medicare 1: | | | | | | IRVING, TX 75063 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 642-8283 | Fax | (972) 432-0350 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHOGER AINSWORTH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/26/2004 | <u>Owner Information</u> |
| License # | 009062 | | | | | DELTACARE HOME HEALTH SERVICE LLC |
| Lic Expire | 01/31/2019 | | | | | 2121 W AIRPORT FREEWAY SUI TE 320 |
| Medicare 1: | 453195 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (972) 255-6171 | Fax | (972) 257-3192 | | | Services: |
| Type: | Parent Agency | Administrator | SOPHAMMA CHACKO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/27/2003 | <u>Owner Information</u> |
| License # | 008474 | | | | | DEVINE HOME HEALTH AGENCY INC |
| Lic Expire | 05/31/2019 | | | | | 800 W AIRPORT FREEWAY SUITE 514 |
| Medicare 1: | 679453 | | | | | IRVING, TX 75065 |
| Medicare 2: | | | | | | |
| Phone | (972) 871-9152 | Fax | (972) 871-9172 | | | Services: |
| Type: | Parent Agency | Administrator | CHINWE D ANYAEBUNAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/16/2009 | <u>Owner Information</u> |
| License # | 012902 | | | | | EGO GROUP INC |
| Lic Expire | 10/31/2019 | | | | | 2912 N. MACARTHUR BLVD. SUITE #104 |
| Medicare 1: | | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (972) 871-1818 | Fax | (972) 252-3300 | | | Services: |
| Type: | Parent Agency | Administrator | EBUBE G O EHIOBU | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/19/2007 | <u>Owner Information</u> |
| License # | 011696 | | | | | EVEREST HOME HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 611 N MACARTHUR BLVD STE 105 |
| Medicare 1: | 747042 | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | |
| Phone | (972) 790-9730 | Fax | (972) 790-9732 | | | Services: |
| Type: | Parent Agency | Administrator | KUSUMAM C JACOB | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/25/2011 | <u>Owner Information</u> |
| License # | 013843 | | | | | FST LLC |
| Lic Expire | 01/31/2019 | | | | | PO BOX 471459 |
| Medicare 1: | | | | | | FORT WORTH, TX 76147 |
| Medicare 2: | | | | | | |
| Phone | (972) 871-1800 | Fax | (972) 871-1802 | | | Services: |
| Type: | Parent Agency | Administrator | JACK DARRYL GABEHART | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/23/2016 | <u>Owner Information</u> |
| License # | 017871 | | | | | FRONTVIEW PROVIDER SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 2505 TEXAS DRIVE STE 113-A |
| Medicare 1: | 743188 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (972) 424-1691 | Fax | (972) 423-2601 | | | Services: |
| Type: | Parent Agency | Administrator | ASHRUF KHAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/07/2016 | <u>Owner Information</u> |
| License # | 017375 | | | | | GOOD SAMARITAN CAREGIVERS LLC |
| Lic Expire | 03/31/2020 | | | | | 2510 TEXAS DRIVE 100 |
| Medicare 1: | 679191 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (972) 594-0646 | Fax | (972) 261-0166 | | | Services: |
| Type: | Parent Agency | Administrator | MAGDALENE ARREY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/23/2011 | <u>Owner Information</u> |
| License # | 014670 | | | | | ESHCOL HEALTH CARE SERVICES INC |
| Lic Expire | 09/30/2017 | | | | | 415 E AIRPORT STE 230 |
| Medicare 1: | 679114 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | |
| Phone | (469) 620-9028 | Fax | (972) 421-1881 | | | Services: |
| Type: | Parent Agency | Administrator | IKE NWOHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/01/2004 | Owner Information UNLIMITED GRACE HEALTHCARE LLC 2401 GATEWAY DR STE 110 IRVING, TX 75063 |
| License # | 009284 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 457956 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 277-8800 | Fax | (214) 277-8899 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRACY L DONAHUE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/31/2013 | Owner Information HOSPICE COMMUNITY CARE OF TEXAS, LLC 800 ROOSEVELT RD BLDG. C STE 206 GLEN ELLYN, IL 60137 |
| License # | 016010 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 451796 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (940) 241-4177 | Fax | (972) 438-5360 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | SHERYL BISSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/1998 | Owner Information JESSNIC HOME HEALTH AGENCY INC 111 SOUTH IRVING HEIGHTS DR SUITE 105 IRVING, TX 75060 |
| License # | 006779 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 678208 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 871-1988 | Fax | (972) 871-1819 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | JOHN OMOILE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/13/2016 | Owner Information JOVIAL ANGELS AT HOME CARE SERVICES LLC 4127 WEST PIONEER DRIVE IRVING, TX 75061 |
| License # | 017789 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (469) 680-3816 | Fax | (469) 680-3817 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HELLEN MURAGE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/20/2005 | Owner Information KINGLY HOME HEALTH CARE INCORPORATED 1714 SOUTH STORY ROAD IRVING, TX 75060 |
| License # | 009978 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 677982 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (469) 586-4560 | Fax | (469) 586-4561 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RACHEL PHILIP | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/18/2003 | Owner Information MEDIGUARD AMERICA INC 3129 ESTERS RD SUITE #101 IRVING, TX 75062 |
| License # | 008330 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | 679267 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 441-0791 | Fax | (214) 441-0291 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SARA CHAMATHIL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/28/2001 | Owner Information NATIONAL HEALTH SERVICE CORP 3129 ESTERS RD #103 IRVING, TX 75062 |
| License # | 007558 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | 679060 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 790-3200 | Fax | (972) 870-1031 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SARA CHAMATHIL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/25/2012 | Owner Information VIVA HOME HEALTH SERVICES LLC PO BOX 5610 LONGVIEW, TX 75608 |
| License # | 015098 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 743142 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 756-1080 | Fax | (972) 756-1072 | | | Services: Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAPHNE DOWD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/14/2000 | <u>Owner Information</u> |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 620-9497 | Fax | (972) 620-9660 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2004 | <u>Owner Information</u> |
| License # | 009026 | | | | | OMNI HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 819 N O'CONNOR RD SUITE 101 |
| Medicare 1: | 679197 | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 445-0300 | Fax | (972) 445-0301 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GEORGE ALEX | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/08/2005 | <u>Owner Information</u> |
| License # | 010122 | | | | | OMNISTAR HOMEHEALTH CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 819 N OCONNOR RD # 201 |
| Medicare 1: | | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 445-0302 | Fax | (972) 445-0301 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GEORGE ALEX | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/28/2000 | <u>Owner Information</u> |
| License # | 007713 | | | | | OPTION CARE ENTERPRISES INC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 377 |
| Medicare 1: | | | | | | DEERFIELD, IL 60015 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 536-7355 | Fax | (972) 505-4050 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LEI LIU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/20/2011 | <u>Owner Information</u> |
| License # | 014362 | | | | | PARK CITIES HEALTHCARE, LLC |
| Lic Expire | 09/30/2019 | | | | | 4020 N MACARTHUR BLVD 122/182 |
| Medicare 1: | | | | | | IRVING, TX 75038 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 500-9839 | Fax | (972) 570-1980 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHARON DIANE QUICK | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/17/2009 | <u>Owner Information</u> |
| License # | 013018 | | | | | TRADITIONAL HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 99278 |
| Medicare 1: | 678318 | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 871-7500 | Fax | (855) 618-6655 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | JULIETTE H GATTS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/03/2015 | <u>Owner Information</u> |
| License # | 017200 | | | | | PLATINUM HEALTHCARE CORP |
| Lic Expire | 09/30/2019 | | | | | 1431 GREENWAY DRIVE SUITE 834 |
| Medicare 1: | 453199 | | | | | IRVING, TX 75038 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 378-9700 | Fax | (972) 870-4454 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAMI ALMUHTADI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/23/2011 | <u>Owner Information</u> |
| License # | 014747 | | | | | REHAB WITHOUT WALLS INC |
| Lic Expire | 11/30/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 299-3998 | Fax | (855) 218-0205 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ALISA VAKRINOS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 03/25/2014 | Owner Information |
| License # | 016112 | | | | | CAYDEE BLUE CORP |
| Lic Expire | 03/31/2018 | | | | | 1511 E PETERS COLONY ROAD |
| Medicare 1: | | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 790-2699 | Fax | (972) 790-2695 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREG E CARSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/22/2010 | Owner Information |
| License # | 013673 | | | | | ROSYRAY HOME CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 1620 SECRETARIAT LANE |
| Medicare 1: | 747706 | | | | | IRVING, TX 75060 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 529-6820 | Fax | (972) 584-9292 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAYMOND ONYEKWERE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/19/2012 | Owner Information |
| License # | 015147 | | | | | SMART MEDI CARE HEALTH SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 3317 FINLEY ROAD STE 170 |
| Medicare 1: | 741523 | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 891-0221 | Fax | (214) 785-2842 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | JOHN MOORE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/18/2017 | Owner Information |
| License # | 018003 | | | | | AUM HOMECARE SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 8402 STERLING ST. SUITE #103 |
| Medicare 1: | | | | | | IRVING, TX 75063 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 514-1208 | Fax | (972) 476-1146 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HARI C BALIJACHINNA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/12/2013 | Owner Information |
| License # | 015911 | | | | | IT'S GOOD TO BE HOME LLC |
| Lic Expire | 12/31/2019 | | | | | 8707 VALLEY RANCH PKWY WEST |
| Medicare 1: | | | | | | IRVING, TX 75063 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 766-5496 | Fax | (817) 886-2219 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAWN JONES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/03/2016 | Owner Information |
| License # | 016723 | | | | | MOST CHOICE HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | 1603 BABCOCK SUITE 115 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78229 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 887-3084 | Fax | (972) 887-3046 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | HAZEM MOHAMED | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2012 | Owner Information |
| License # | 014719 | | | | | AKG HOSPICE CARE LLC |
| Lic Expire | 03/31/2018 | | | | | 540 E APPLEBY RD STE 104 |
| Medicare 1: | 741569 | | | | | FAYETTEVILLE, AR 72703 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 726-4402 | Fax | (469) 726-4403 | | | Hospice |
| Type: | Parent Agency | Administrator | DEBORAH WYNN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/19/2002 | Owner Information |
| License # | 008011 | | | | | VCP HOME HEALTH CARE AGENCY INC |
| Lic Expire | 07/31/2018 | | | | | 1425 W PIONEER SUITE # 159 |
| Medicare 1: | 679207 | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 579-0223 | Fax | (972) 721-0058 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PHINA EMUAKHAGBON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/02/2012 | Owner Information |
| License # | 014973 | | | | | LUDWIG DIVERSIFIED ENTERPRISES INC |
| Lic Expire | 08/31/2018 | | | | | 930 N BELT LINE RD SUITE 116 |
| Medicare 1: | | | | | | IRVING, TX 75061 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 807-0411 | Fax | (817) 622-8094 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SCOTT A. LUDWIG | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/12/2017 | Owner Information |
| License # | 018461 | | | | | Y MEDICAL ASSOCIATES INC |
| Lic Expire | 10/31/2019 | | | | | 8840 NORTH MACARTHUR |
| Medicare 1: | | | | | | IRVING, TX 75063 |
| Medicare 2: | | | | | | Services: |
| Phone | (800) 447-7558 | Fax | (855) 838-0623 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARY BROWN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/16/2003 | Owner Information |
| License # | 008812 | | | | | ANGELS OF HANDS HOME HEALTH AGENCY CORP |
| Lic Expire | 12/31/2018 | | | | | PO BOX 181 |
| Medicare 1: | 453103 | | | | | DESOTO, TX 75123 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 572-1873 | Fax | (972) 572-1890 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMILY BERRY BARNES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/12/2008 | Owner Information |
| License # | 012349 | | | | | CARE PRO HOME HEALTH INC |
| Lic Expire | 12/31/2018 | | | | | 205 OLEANDER DRIVE |
| Medicare 1: | | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 230-4747 | Fax | (972) 230-4746 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MIKE GINNIS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/15/2011 | Owner Information |
| License # | 014284 | | | | | CARE A LOT HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | | | | 605 CHAPMAN DR |
| Medicare 1: | | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 874-2273 | Fax | (888) 777-4809 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAVERNE M MOORE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/02/2010 | Owner Information |
| License # | 013144 | | | | | CHRIST ARMS HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 1115 W MAIN STREET |
| Medicare 1: | | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 315-0130 | Fax | (972) 224-8317 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADEYINKA ADEOYE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/13/2017 | Owner Information |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 228-5830 | Fax | (972) 228-3103 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KIRK COATES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/11/2017 | Owner Information |
| License # | 018470 | | | | | DIVINE HOME HEALTH AGENCY LLC |
| Lic Expire | 08/31/2019 | | | | | 2700 W PLEASANT RUN ROAD SUITE 360 |
| Medicare 1: | 679401 | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 221-0790 | Fax | (214) 221-0749 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LILY ONYECHI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/08/2010 | <u>Owner Information</u> |
| License # | 013071 | | | | | INSPIRING CARE HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 1927 CREPE MYRTLE DRIVE |
| Medicare 1: | | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | |
| Phone | (972) 227-0362 | Fax | (972) 275-1511 | | | Services: |
| Type: | Parent Agency | Administrator | NOLAN AKINOLA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/16/2015 | <u>Owner Information</u> |
| License # | 016858 | | | | | KHBW INC |
| Lic Expire | 06/30/2019 | | | | | 518 BRANCHWOOD DR |
| Medicare 1: | | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | |
| Phone | (214) 755-0806 | Fax | (972) 227-5087 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGET R WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/27/2005 | <u>Owner Information</u> |
| License # | 010196 | | | | | MULTI CARE HOME HEALTH SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 211 WEST PLEASANT RUN ROAD #102 |
| Medicare 1: | 679227 | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | |
| Phone | (972) 227-9300 | Fax | (972) 227-9302 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA PIPKINS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/06/2004 | <u>Owner Information</u> |
| License # | 009442 | | | | | NEW VISION HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 1441 WARWICK DRIVE |
| Medicare 1: | 457946 | | | | | LANCASTER, TX 75134 |
| Medicare 2: | | | | | | |
| Phone | (972) 227-3000 | Fax | (972) 227-3001 | | | Services: |
| Type: | Parent Agency | Administrator | MYESHA L HARRIS NORMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/24/2017 | <u>Owner Information</u> |
| License # | 018017 | | | | | PC IN HOME SUPPORT, LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 1114 |
| Medicare 1: | | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | |
| Phone | (214) 991-5619 | Fax | (469) 779-6112 | | | Services: |
| Type: | Parent Agency | Administrator | ANTOINE MOURY'E BEACHUM | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/30/2003 | <u>Owner Information</u> |
| License # | 008833 | | | | | LATAURUS JOHNSON |
| Lic Expire | 12/31/2019 | | | | | 918 N DALLAS AVE |
| Medicare 1: | 457869 | | | | | LANCASTER, TX 75146 |
| Medicare 2: | | | | | | |
| Phone | (972) 218-2272 | Fax | (972) 218-8023 | | | Services: |
| Type: | Parent Agency | Administrator | SHARON BROOKS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/28/2013 | <u>Owner Information</u> |
| License # | 015408 | | | | | 1ST AMERICAN HOME HEALTH SERVICE INC |
| Lic Expire | 02/28/2019 | | | | | 2613 CLAYMORE AVENUE |
| Medicare 1: | | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (972) 285-9190 | Fax | (972) 215-7570 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES KALAKKUTTU | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/01/2002 | <u>Owner Information</u> |
| License # | 008010 | | | | | A UNIFIED HOME HEALTH AGENCY INC |
| Lic Expire | 04/30/2019 | | | | | 2033 MILITARY PARKWAY SUITE 400D |
| Medicare 1: | 679110 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 216-7311 | Fax | (972) 290-4722 | | | Services: |
| Type: | Parent Agency | Administrator | AUGUSTINE N UKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/21/2016 | <u>Owner Information</u> |
| License # | 017470 | | | | | ACCESS HOME HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 3637 US HWY 80E |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 289-1000 | Fax | (972) 289-1002 | | | Services: |
| Type: | Parent Agency | Administrator | TITUS JOSEPH | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/19/2014 | <u>Owner Information</u> |
| License # | 016547 | | | | | ACCURATECARE HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 310 E I-30 STE 304 |
| Medicare 1: | 677816 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 377-9183 | Fax | (214) 377-7521 | | | Services: |
| Type: | Parent Agency | Administrator | JESSY THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/01/1995 | <u>Owner Information</u> |
| License # | 004681 | | | | | AGAPE HOME HEALTHCARE |
| Lic Expire | 09/30/2019 | | | | | 18770 LYNDON B JOHNSON FREEWAY SUITE 100 |
| Medicare 1: | 458154 | | | | | MESQUITE, TX 75187 |
| Medicare 2: | | | | | | |
| Phone | (972) 681-2247 | Fax | (972) 681-8425 | | | Services: |
| Type: | Parent Agency | Administrator | SHINEY CHERIAN DANIEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2010 | <u>Owner Information</u> |
| License # | 013593 | | | | | AGAPE HOSPICE CARE |
| Lic Expire | 09/30/2018 | | | | | 3030 TOWN CENTRE DRIVE SUITE 200 |
| Medicare 1: | 671683 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 279-1000 | Fax | (972) 279-1014 | | | Services: |
| Type: | Parent Agency | Administrator | SHAJI K DANIEL | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/24/2017 | <u>Owner Information</u> |
| License # | 018073 | | | | | ALWAYS PATIENT'S CHOICE HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 1501 DORIS DRIVE |
| Medicare 1: | | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (214) 662-0982 | Fax | (214) 594-8862 | | | Services: |
| Type: | Parent Agency | Administrator | TERRY A MATTHEW-TIJANI | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/21/2017 | <u>Owner Information</u> |
| License # | 018335 | | | | | AMBAZONE HOME HEALTH LLC |
| Lic Expire | 09/30/2019 | | | | | 1515 E KEARNEY ST STE 400 |
| Medicare 1: | | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (469) 412-2279 | Fax | (972) 285-1933 | | | Services: |
| Type: | Parent Agency | Administrator | BIANCA MALOWZEH KARAWA | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/01/2001 | <u>Owner Information</u> |
| License # | 007525 | | | | | TBHL INC |
| Lic Expire | 01/31/2018 | | | | | 211 WEST MOORE AVENUE |
| Medicare 1: | 67Q9050002 | | | | | TERRELL, TX 75160 |
| Medicare 2: | | | | | | |
| Phone | (972) 686-6447 | Fax | (972) 686-6485 | | | Services: |
| Type: | Branch Agency | Administrator | CHORLECIA PRITCHETT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/28/2008 | <u>Owner Information</u> |
| License # | 012212 | | | | | GIDEON HEALTHCARE GROUP INC |
| Lic Expire | 08/31/2019 | | | | | 208 W KEARNEY ST SUITE 101 |
| Medicare 1: | 747214 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 346-6502 | Fax | (214) 303-5723 | | | Services: |
| Type: | Parent Agency | Administrator | PHEBA DANIEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 09/19/2012 | Owner Information |
| License # | 015074 | | | | | ANGEL HOSPICE CORP |
| Lic Expire | 09/30/2018 | | | | | 208 WEST KEARNEY STREET SUITE 103 |
| Medicare 1: | 671794 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (214) 432-2636 | Fax | (214) 432-6570 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | TOBIN DANIEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/24/2009 | Owner Information |
| License # | 012734 | | | | | ANOINTED HHC INC |
| Lic Expire | 04/30/2019 | | | | | 1001 W PLEASANT RUN ROAD |
| Medicare 1: | 747399 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (972) 329-1777 | Fax | (214) 306-5794 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VALERIE AMAECHI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/19/2002 | Owner Information |
| License # | 007685 | | | | | NORTHEAST TEXAS HOME HEALTH AGENCY LTD |
| Lic Expire | 07/31/2018 | | | | | 506 HWY 79 NORTH |
| Medicare 1: | 67Q9076003 | | | | | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | |
| Phone | (214) 484-3332 | Fax | (214) 484-2578 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RHONDA KELLY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/07/2011 | Owner Information |
| License # | 012525 | | | | | HELPING HANDS HOMECARE LTD |
| Lic Expire | 03/31/2019 | | | | | 9846 HIGHWAY 31 EAST |
| Medicare 1: | | | | | | TYLER, TX 75705 |
| Medicare 2: | | | | | | |
| Phone | (214) 484-4236 | Fax | (903) 525-3855 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JENNIFER HUFFMAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/25/2009 | Owner Information |
| License # | 012525 | | | | | HELPING HANDS HOMECARE LTD |
| Lic Expire | 03/31/2019 | | | | | 9846 HIGHWAY 31 EAST |
| Medicare 1: | | | | | | TYLER, TX 75705 |
| Medicare 2: | | | | | | |
| Phone | (214) 484-4236 | Fax | (903) 525-3855 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER HUFFMAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/07/2011 | Owner Information |
| License # | 014021 | | | | | BARRY & BRIGHT HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 2804 SONORA LN |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (214) 566-0919 | Fax | (972) 222-3744 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NKEMJIKA ANYANYA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/25/2003 | Owner Information |
| License # | 008774 | | | | | WESTAR HEALTH MANAGEMENT INC |
| Lic Expire | 11/30/2018 | | | | | P O BOX 461702 |
| Medicare 1: | 679482 | | | | | GARLAND, TX 75046 |
| Medicare 2: | | | | | | |
| Phone | (972) 698-7451 | Fax | (972) 698-7453 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LOVELINE U IHEME | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/16/2012 | Owner Information |
| License # | 014801 | | | | | CARING HANDS HOME HEALTHCARE LLC |
| Lic Expire | 05/31/2018 | | | | | 3214 GRANADA DR |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (214) 695-0872 | Fax | (972) 924-0350 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNEY MATHUKUTTY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/25/2001 | <u>Owner Information</u> |
| License # | 007740 | | | | | CHEMANA CHILDRENS HEALTH CARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 111 LANSHIRE DRIVE |
| Medicare 1: | 673189 | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 503-1700 | Fax | (214) 503-1716 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMILY ANUKEM | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/22/2006 | <u>Owner Information</u> |
| License # | 010470 | | | | | CHRISTIAN CARE CENTERS INC |
| Lic Expire | 05/31/2019 | | | | | 1000 WIGGINS PARKWAY |
| Medicare 1: | 671548 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 686-3753 | Fax | (972) 682-7947 | | | Hospice |
| Type: | Parent Agency | Administrator | SUSANNE SPERRY ISRAEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/27/1993 | <u>Owner Information</u> |
| License # | 001565 | | | | | CHRISTIAN CARE CENTERS INC |
| Lic Expire | 12/31/2019 | | | | | 1000 WIGGINS PARKWAY |
| Medicare 1: | 678148 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 613-7945 | Fax | (972) 682-7947 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSANNE SPERRY ISRAEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/03/2016 | <u>Owner Information</u> |
| License # | 017256 | | | | | CITY HOSPICE INC |
| Lic Expire | 02/28/2018 | | | | | 317 RAIN TREE DRIVE |
| Medicare 1: | 741689 | | | | | SUNNYVALE, TX 75182 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 848-3572 | Fax | (972) 848-3573 | | | Hospice |
| Type: | Parent Agency | Administrator | SANTHOSH V THOMAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/02/2016 | <u>Owner Information</u> |
| License # | 017640 | | | | | CLOVER HEALTH LLC |
| Lic Expire | 06/30/2018 | | | | | 1004 CAVERN DRIVE |
| Medicare 1: | 747469 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 484-2013 | Fax | (214) 774-9309 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VALSAMMA THOMAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/23/2013 | <u>Owner Information</u> |
| License # | 016012 | | | | | CRYSTAL CARE HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 1675 REPUBLIC PARKWAY SUITE 200 |
| Medicare 1: | 459369 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 203-2121 | Fax | (972) 203-8384 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEYNA OMENUKOR | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/31/2014 | <u>Owner Information</u> |
| License # | 016550 | | | | | DEBTAG HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 3205 BENT OAK DRIVE |
| Medicare 1: | 747396 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 572-6400 | Fax | (972) 572-6402 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBORAH FASORO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/02/2016 | <u>Owner Information</u> |
| License # | 017298 | | | | | DREAM LAND HEALTHCARE INC |
| Lic Expire | 03/31/2018 | | | | | 10216 FOREST LN |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 264-4376 | Fax | (214) 594-7679 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RITA AGU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 03/24/2006 | Owner Information |
| License # | 010358 | | | | | EBENEZER HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 1515 E KEARNEY ST SUITE 100 |
| Medicare 1: | 677948 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 289-9400 | Fax | (972) 289-9402 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS A SAMUEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/31/2005 | Owner Information |
| License # | 010094 | | | | | ECLIPSE HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 2720 CAMERON WAY |
| Medicare 1: | 677819 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 222-0322 | Fax | (972) 222-0396 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE I CHINWUBA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/19/2013 | Owner Information |
| License # | 015022 | | | | | EPIC PEDIATRIC THERAPY |
| Lic Expire | 03/31/2018 | | | | | 18640 LBJ FREEWAY SUITE 200 |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (469) 364-8600 | Fax | (817) 698-9506 | | | Services: |
| Type: | Branch Agency | Administrator | ROBERT DENNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/27/2016 | Owner Information |
| License # | 017869 | | | | | CHANNEL HEALTH GROUP OF COMPANIES INC |
| Lic Expire | 04/30/2018 | | | | | 3939 US HIGHWAY 80 E SUITE 239A |
| Medicare 1: | 453176 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 394-0205 | Fax | (972) 394-0147 | | | Services: |
| Type: | Parent Agency | Administrator | NAINAN GEORGE ANJILIMOOTHIL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 11/19/2009 | Owner Information |
| License # | 013010 | | | | | EXODUS HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 1815 EDWARDS CHURCH ROAD |
| Medicare 1: | 747495 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 222-5752 | Fax | (972) 222-5852 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH FANKA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/08/2011 | Owner Information |
| License # | 014147 | | | | | FIRST CRYSTALCARE INC |
| Lic Expire | 06/30/2019 | | | | | 1675 REPUBLIC PARKWAY # 200 |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 279-0682 | Fax | (972) 279-0689 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON PROCK | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/21/2013 | Owner Information |
| License # | 015552 | | | | | GRISWOLD HOME CARE MESQUITE OFFICE |
| Lic Expire | 05/31/2019 | | | | | 531 MEADOWCREEK |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 571-9273 | Fax | (866) 496-5016 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL GIBSON | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/16/2009 | Owner Information |
| License # | 012900 | | | | | HEAVENLY BLESSINGS HOME HEALTHCARE LLC |
| Lic Expire | 10/31/2019 | | | | | 3939 E US HWY 80 SUITE 486 |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 270-9552 | Fax | (888) 790-4274 | | | Services: |
| Type: | Parent Agency | Administrator | CHERYL D CHAPPELL | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 10/27/2006 | Owner Information |
| License # | 010838 | | | | | HEAVENLY HOST INC |
| Lic Expire | 10/31/2018 | | | | | 2033 MILITARY PARKWAY 305C |
| Medicare 1: | 679778 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 289-3800 | Fax | (972) 289-3801 | | | Services: |
| Type: | Parent Agency | Administrator | VIJI ANTONY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2017 | Owner Information |
| License # | 018578 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 11/30/2019 | | | | | 700 NORTH TOWN EAST BLVD., SUITE 159 |
| Medicare 1: | 679113 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 686-4366 | Fax | (972) 686-4372 | | | Services: |
| Type: | Parent Agency | Administrator | TRACI WOOLFOLK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/29/2010 | Owner Information |
| License # | 013591 | | | | | JAICSTAR HOME CARE INC |
| Lic Expire | 09/30/2018 | | | | | 1211 RIVERCREST DR |
| Medicare 1: | 747633 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 285-0225 | Fax | (972) 285-0307 | | | Services: |
| Type: | Parent Agency | Administrator | ABEY K JOHN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/26/2004 | Owner Information |
| License # | 009373 | | | | | AMERICAN HEALTHCARE CONCEPTS INC |
| Lic Expire | 10/31/2019 | | | | | 609 NORTH EBRITE STREET SUITE 103 |
| Medicare 1: | 457980 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 329-3900 | Fax | (972) 329-3903 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES G KALAKKATTU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/30/2001 | Owner Information |
| License # | 007799 | | | | | KC HOME HEALTH AGENCY INC |
| Lic Expire | 04/30/2018 | | | | | 2601 GUS THOMASSON ROAD #100 |
| Medicare 1: | 459473 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 289-2211 | Fax | (972) 289-2237 | | | Services: |
| Type: | Parent Agency | Administrator | GERTRUDE NWOKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/09/2007 | Owner Information |
| License # | 011143 | | | | | LEONE HOMEHEALTH CARE AGENCY INC |
| Lic Expire | 03/31/2018 | | | | | 3129 INTERSTATE 30 SUITE H |
| Medicare 1: | 747050 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (214) 227-2510 | Fax | (214) 227-2410 | | | Services: |
| Type: | Parent Agency | Administrator | ZAINABU KOROMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/10/2008 | Owner Information |
| License # | 011809 | | | | | MECARE HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 18601 LBJ FREEWAY SUITE 706 |
| Medicare 1: | 747212 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 331-8166 | Fax | (972) 331-8169 | | | Services: |
| Type: | Parent Agency | Administrator | EDITH ABENGOWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/30/2003 | Owner Information |
| License # | 008832 | | | | | MED GLOBAL HOME HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 802 ASHLEY PLACE |
| Medicare 1: | 453118 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 222-3870 | Fax | (972) 222-3871 | | | Services: |
| Type: | Parent Agency | Administrator | JAISON JOSEPH | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/17/2011 | <u>Owner Information</u> |
| License # | 014295 | | | | | MED PLUS HOME HEALTHCARE INC |
| Lic Expire | 08/31/2019 | | | | | 454 STONE CANYON DR |
| Medicare 1: | 747807 | | | | | SUNNYVALE, TX 75182 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 996-6474 | Fax | (972) 996-6475 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUNIL PHILIP | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/21/2017 | <u>Owner Information</u> |
| License # | 018265 | | | | | MED PLUS HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 18601 LBJ FRWY #330B |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 735-6622 | Fax | (972) 681-7779 | | | Hospice |
| Type: | Parent Agency | Administrator | JOSEPHINE DEVADOSS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/17/2012 | <u>Owner Information</u> |
| License # | 014752 | | | | | MINZA HEALTHCARE INC |
| Lic Expire | 04/30/2018 | | | | | 3200 PECAN CROSSING |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 859-0375 | Fax | (469) 802-9326 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IFEOMA MENAKAYA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2007 | <u>Owner Information</u> |
| License # | 011725 | | | | | MJ HOME HEALTH AGENCY INC |
| Lic Expire | 09/30/2019 | | | | | 3939 EAST HIGHWAY 80 SUITE 428 |
| Medicare 1: | 457981 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 216-4894 | Fax | (972) 285-5185 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN A OZO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/17/2017 | <u>Owner Information</u> |
| License # | 018173 | | | | | LISA JEFFERY, KIMBERLY MAYFIELD |
| Lic Expire | 07/31/2019 | | | | | 3603 PARKMONT ST |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 987-8007 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA JEFFERY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/23/2007 | <u>Owner Information</u> |
| License # | 011537 | | | | | NESS HOME HEALTH SERVICE LLC |
| Lic Expire | 08/31/2018 | | | | | 1045 BURNET DRIVE |
| Medicare 1: | 747293 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 417-3529 | Fax | (972) 222-3196 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FINDA S KOROMA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2015 | <u>Owner Information</u> |
| License # | 016759 | | | | | NEW HORIZON HEALTHCARE INC |
| Lic Expire | 12/31/2018 | | | | | 3939 EAST US HIGHWAY 80 |
| Medicare 1: | 679165 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 221-8585 | Fax | (214) 221-8586 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAMMA MATHEW | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/19/2009 | <u>Owner Information</u> |
| License # | 013011 | | | | | OSGOOD HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 2652 WINDSWEPT LANE |
| Medicare 1: | 673183 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 682-6340 | Fax | (972) 798-8962 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMILIA OBODO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 03/02/2017 | <u>Owner Information</u> |
| License # | 018093 | | | | | PEGASUS HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 3939 US HIGHWAY 80 SUITE 202 |
| Medicare 1: | 671799 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 270-0048 | Fax | (972) 270-0049 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | SANTHOSH V THOMAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/09/2004 | <u>Owner Information</u> |
| License # | 009451 | | | | | DALLAS PHYSICIANS CHOICE HOMECARE LLC |
| Lic Expire | 12/31/2019 | | | | | 200 E MAIN STREET |
| Medicare 1: | 673182 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 686-7602 | Fax | (972) 686-7475 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DELAUNTE CRAWFORD | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/08/2016 | <u>Owner Information</u> |
| License # | 017347 | | | | | PROGRESSIVE TOUCH HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 2633 SPRING RAIN DRIVE |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (972) 513-7761 | Fax | (817) 977-8979 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWAL FELICIA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/12/2014 | <u>Owner Information</u> |
| License # | 016034 | | | | | NE3 ENTERPRISES LLC |
| Lic Expire | 02/28/2018 | | | | | 502 W. KEARNEY STREET, SUITE #200 |
| Medicare 1: | | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 288-8100 | Fax | (800) 921-7173 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NATALIE EVANS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 11/28/2011 | <u>Owner Information</u> |
| License # | 014493 | | | | | QUALICARE HOME HEALTH LLC |
| Lic Expire | 11/30/2019 | | | | | 3101 SILVER CREEK DRIVE |
| Medicare 1: | 747975 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (903) 422-9991 | Fax | (844) 250-2460 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OGECHI EYI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/15/2017 | <u>Owner Information</u> |
| License # | 018239 | | | | | QUALITY CARE HOSPICE INC |
| Lic Expire | 07/31/2019 | | | | | 3635 US HWY 80E |
| Medicare 1: | 741519 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (972) 681-1000 | Fax | (972) 674-2627 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | DARLENE TITUS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2016 | <u>Owner Information</u> |
| License # | 017762 | | | | | RED OAK PALLIATIVE AND HOSPICE CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 1708 TIGRIS TRAIL |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (214) 288-5904 | Fax | (972) 584-1708 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | DELENE MARONEY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/11/2007 | <u>Owner Information</u> |
| License # | 011327 | | | | | REGENCY PROVIDER SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 3939 EAST US HWY 80 SUITE # 273 |
| Medicare 1: | 747133 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (469) 547-1980 | Fax | (469) 547-1982 | | | Services: Licensed and Certified Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | EZIAKU OLIVER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 01/30/2015 | <u>Owner Information</u> |
| License # | 016728 | | | | | FAB 4 ALLIANCE LLC |
| Lic Expire | 01/31/2019 | | | | | 1120 N GALLOWAY AVENUE |
| Medicare 1: | 743151 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 288-3800 | Fax | (972) 288-3802 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | VICTORIA D PADUA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/26/2009 | <u>Owner Information</u> |
| License # | 012625 | | | | | RO PRIORITY HOME HEALTH AGENCY INC |
| Lic Expire | 05/31/2019 | | | | | 2930 COUNTRY CIRCLE |
| Medicare 1: | 747629 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 285-7977 | Fax | (972) 329-6848 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSE MARIE ONWUMEREE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/11/2010 | <u>Owner Information</u> |
| License # | 013528 | | | | | ROG HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 10324 PONDWOOD DRIVE |
| Medicare 1: | | | | | | DALLAS, TX 75217 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 703-5101 | Fax | (972) 692-7086 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDY I OBASOHAN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/27/2005 | <u>Owner Information</u> |
| License # | 008065 | | | | | ROSY IN HOME SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 3724 AIRPORT BLVD |
| Medicare 1: | | | | | | AUSTIN, TX 78722 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 613-2773 | Fax | (972) 354-7976 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ROSEMARY UZUH | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/11/2009 | <u>Owner Information</u> |
| License # | 012652 | | | | | SAS HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 4593 MOUNTAIN LAUREL DRIVE |
| Medicare 1: | 747557 | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 698-0404 | Fax | (972) 698-0844 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | SAMUEL AZUBUIKE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/20/2007 | <u>Owner Information</u> |
| License # | 011279 | | | | | SENAI HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 18601 LBJ FREEWAY SUITE 230 |
| Medicare 1: | 747419 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 587-1000 | Fax | (214) 954-7077 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VALSAMMA THOMAS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 12/21/2010 | <u>Owner Information</u> |
| License # | 013784 | | | | | SIGNATURE HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 3213 INTERSTATE 30 SUITE #203 |
| Medicare 1: | 747829 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 299-9920 | Fax | (463) 298-0452 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIRLEY ABII | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/18/2010 | <u>Owner Information</u> |
| License # | 013331 | | | | | SOUTHERN HOSPITALITY HOME HEALTH CARE INCORPORATED |
| Lic Expire | 05/31/2018 | | | | | 1708 TIGRIS TRAIL |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 222-9067 | Fax | (972) 584-1708 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANSELM OKEKE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 10/31/2005 | Owner Information |
| License # | 010092 | | | | | STARLEX HOME HEALTH SERVICES LLC |
| Lic Expire | 10/31/2018 | | | | | 2834 JEREMY DRIVE |
| Medicare 1: | 677845 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 222-7782 | Fax | (972) 222-9815 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CARMELLE DEVILME | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/01/2004 | Owner Information |
| License # | 009170 | | | | | TEXAS BEST CARE HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 18601 LBJ FREEWAY SUITE 110 |
| Medicare 1: | 673195 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 222-6746 | Fax | (972) 222-1997 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIBU CHACKO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/16/2014 | Owner Information |
| License # | 016427 | | | | | TEXAS SIMBA HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 2922 COUNTRY CIRCLE |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 732-2725 | Fax | (972) 285-5989 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOB MAOSA OCHOKI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2010 | Owner Information |
| License # | 013207 | | | | | UNLIMITED HEALTHCARE PROVIDER LLC |
| Lic Expire | 03/31/2018 | | | | | 1801 SEMINOLE TRAIL |
| Medicare 1: | 747519 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 375-8883 | Fax | (214) 375-8884 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIM LAMOTTHE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2013 | Owner Information |
| License # | 016028 | | | | | VIRTUAL HOME CARE INC |
| Lic Expire | 09/30/2019 | | | | | 2601 GUS THOMASSON SUITE 300 |
| Medicare 1: | 679095 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 758-0900 | Fax | (972) 682-0475 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TINA HOWELL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2013 | Owner Information |
| License # | 016028 | | | | | VIRTUAL HOME CARE INC |
| Lic Expire | 09/30/2019 | | | | | 2601 GUS THOMASSON SUITE 300 A |
| Medicare 1: | 67Q9095001 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 454-0458 | Fax | (903) 450-4198 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | TINA HOWELL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/19/2017 | Owner Information |
| License # | 018148 | | | | | VITAL POINT CORPORATION |
| Lic Expire | 06/30/2019 | | | | | 3939 E. US HWY 80 SUITE#254 |
| Medicare 1: | 679241 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 235-6099 | Fax | (972) 690-9320 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABDURRAHMAN DELANGE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/25/2005 | Owner Information |
| License # | 009774 | | | | | WE CARE HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 417 N BRYAN BELTLINE SUITE A |
| Medicare 1: | 677808 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 289-5800 | Fax | (972) 289-5804 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA SELL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 01/17/2012 | Owner Information |
| License # | 014585 | | | | | WINNERS WELLNESS SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 1810 CEDARS RIDGE DR |
| Medicare 1: | | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | |
| Phone | (469) 682-6532 | Fax | (972) 222-9226 | | | Services: |
| Type: | Parent Agency | Administrator | PATSY IROHA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/01/2011 | Owner Information |
| License # | 013929 | | | | | SENIOR PERSONAL CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 13140 COIT ROAD STE 440 |
| Medicare 1: | 747700 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 930-7999 | Fax | (972) 930-7966 | | | Services: |
| Type: | Parent Agency | Administrator | VINIL PATEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/22/2015 | Owner Information |
| License # | 017043 | | | | | GUARDIAN ANGELS GROUP HOME LLC |
| Lic Expire | 09/30/2019 | | | | | 426 BIRCH LANE |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (469) 401-7301 | Fax | (972) 234-4041 | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA NJOROGI KARIUKU | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/20/2007 | Owner Information |
| License # | 011777 | | | | | 1ST AID HEALTHCARE CORP |
| Lic Expire | 12/31/2019 | | | | | 2011 N COLLINS BLVD #607 |
| Medicare 1: | 747129 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 618-8001 | Fax | (972) 692-8080 | | | Services: |
| Type: | Parent Agency | Administrator | SEDA ZARBINIAN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/02/2001 | Owner Information |
| License # | 007562 | | | | | ADVANCE HOSPICE CARE OF AMERICA INC |
| Lic Expire | 03/31/2019 | | | | | 1177 ROCKINGHAM DRIVE #200 |
| Medicare 1: | 451752 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 818-9488 | Fax | (972) 818-9489 | | | Services: |
| Type: | Parent Agency | Administrator | WING CHUN | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 11/10/2004 | Owner Information |
| License # | 009399 | | | | | ADVOCATE HOME HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 3211 MYRA LANE |
| Medicare 1: | 457883 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (972) 888-9992 | Fax | (972) 888-9993 | | | Services: |
| Type: | Parent Agency | Administrator | LESLIE W HARRISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/31/2014 | Owner Information |
| License # | 016800 | | | | | PTP ENTERPRISES INC |
| Lic Expire | 08/31/2018 | | | | | 903 N BOWSER RD STE 156 |
| Medicare 1: | 747397 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 440-1004 | Fax | (214) 440-2734 | | | Services: |
| Type: | Parent Agency | Administrator | MA (MARIA) CRISTINA A BACUD | | | Licensed and Certified Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/08/2017 | Owner Information |
| License # | 017846 | | | | | IZEN HEALTHCARE SERVICES, INC. |
| Lic Expire | 01/31/2019 | | | | | 1202 E ARAPAHO RD. STE #147 |
| Medicare 1: | 747770 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 987-2100 | Fax | (214) 987-2104 | | | Services: |
| Type: | Parent Agency | Administrator | MUFADDAL BOOTWALA | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/22/2015 | <u>Owner Information</u> |
| License # | 017046 | | | | | AMERIHEALTH GROUP INC |
| Lic Expire | 09/30/2019 | | | | | 50 BUSINESS PARKWAY SUITE F-2 |
| Medicare 1: | 741651 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (877) 786-0099 | Fax | (877) 512-6442 | | | Services: |
| Type: | Parent Agency | Administrator | MANSOOR A KAZI | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 01/09/2014 | <u>Owner Information</u> |
| License # | 015964 | | | | | AMERICAN STAR HOME HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | 2050 N COLLINS BLVD SUITE 104 |
| Medicare 1: | 747968 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 685-3185 | Fax | (972) 685-3187 | | | Services: |
| Type: | Parent Agency | Administrator | ASIF QAMAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/18/1996 | <u>Owner Information</u> |
| License # | 004828 | | | | | WINGHING CHUN INC |
| Lic Expire | 08/31/2019 | | | | | 1177 ROCKINGHAM DRIVE SUITE 200 |
| Medicare 1: | 459021 | | | | | RICHARDSON, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (972) 818-9488 | Fax | (972) 818-9489 | | | Services: |
| Type: | Parent Agency | Administrator | WING H CHUN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/10/2012 | <u>Owner Information</u> |
| License # | 014919 | | | | | AMERIPRIME HOME HEALTH |
| Lic Expire | 07/31/2018 | | | | | 50 BUSINESS PARKWAY SUITE 50-F |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (877) 512-7442 | Fax | (877) 512-6442 | | | Services: |
| Type: | Parent Agency | Administrator | MANSOOR KAZI | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/20/2014 | <u>Owner Information</u> |
| License # | 016384 | | | | | AMERIPRIME HOSPICE LLC |
| Lic Expire | 08/31/2018 | | | | | 50 BUSINESS PARKWAY SUITE B |
| Medicare 1: | 741551 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (800) 899-9790 | Fax | (877) 512-6442 | | | Services: |
| Type: | Parent Agency | Administrator | MANSOOR A KAZI | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 04/01/2012 | <u>Owner Information</u> |
| License # | 014778 | | | | | ANGEL CARE HOSPICE |
| Lic Expire | 03/31/2018 | | | | | 1701 N GREENVILLE AVE ST #1109 |
| Medicare 1: | 671675 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 301-5600 | Fax | (972) 301-5606 | | | Services: |
| Type: | Parent Agency | Administrator | SUMA C JACOB | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 08/08/2016 | <u>Owner Information</u> |
| License # | 017561 | | | | | AXEL HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 1701 N GREENVILLE AVE SUITE 1109A |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 396-6565 | Fax | (214) 396-6555 | | | Services: |
| Type: | Parent Agency | Administrator | SUMA C JACOB | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/01/2015 | <u>Owner Information</u> |
| License # | 017047 | | | | | BELLA HOSPICE AND HEALTHCARE LLC |
| Lic Expire | 04/30/2019 | | | | | 2093 COLLINS BLVD SUITE A |
| Medicare 1: | 741517 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (214) 232-0197 | Fax | (972) 479-9895 | | | Services: |
| Type: | Parent Agency | Administrator | LEELAMMA ISSAC | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/11/2017 | Owner Information |
| License # | 018387 | | | | | SKILLCARE HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 888 S GREENVILLE AVE STE 202 |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 807-2292 | Fax | (972) 807-2291 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE HENDERSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/13/2012 | Owner Information |
| License # | 014581 | | | | | JANE KELLEY ENTERPRISES LLC |
| Lic Expire | 01/31/2018 | | | | | 801 E CAMPBELL ROAD STE 160 |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 327-5100 | Fax | (855) 226-5203 | | | Services: |
| Type: | Parent Agency | Administrator | DELIA SOUSA POTTS | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/10/2016 | Owner Information |
| License # | 017657 | | | | | MEGASTAR HOME HEALTH SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 888 S GREENVILLE AVE STE 204 |
| Medicare 1: | 747803 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 235-7100 | Fax | (972) 235-7101 | | | Services: |
| Type: | Parent Agency | Administrator | SHAJU POTTAKKATTIL JOHN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/23/2006 | Owner Information |
| License # | 010353 | | | | | CENTURY HOME HEALTHCARE SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 11615 FOREST CENTRAL DRIVE SUITE 315 |
| Medicare 1: | 679670 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (972) 235-6700 | Fax | (972) 699-7598 | | | Services: |
| Type: | Parent Agency | Administrator | COLLETTE ADEYEMI | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/05/2009 | Owner Information |
| License # | 009937 | | | | | DJK HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 901 WATERFALL WAY SUITE 105 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 661-3737 | Fax | (972) 661-3721 | | | Services: |
| Type: | Branch Agency | Administrator | MELISSA BULLOCK | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/10/2011 | Owner Information |
| License # | 013947 | | | | | CITIZENS HEALTHCARE SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 1401 N CENTRAL EXPRESSWAY STE 390 |
| Medicare 1: | 747808 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (469) 778-0099 | Fax | (469) 778-0109 | | | Services: |
| Type: | Parent Agency | Administrator | TITILAYO AIYEJUTO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/31/2013 | Owner Information |
| License # | 016310 | | | | | COURAGE HEALTH CARE SERVICES, INC. |
| Lic Expire | 12/31/2019 | | | | | 777 S. CENTRAL EXPRESSWAY SUITE Q7 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 437-0099 | Fax | (972) 437-1199 | | | Services: |
| Type: | Parent Agency | Administrator | LILLIAN O EGHAREVBA | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/01/2004 | Owner Information |
| License # | 009433 | | | | | DIAMOND CARE HEALTH SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 777 SOUTH CENTRAL EXPRESSWAY SUITE 7E |
| Medicare 1: | 457997 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 479-1888 | Fax | (972) 479-1887 | | | Services: |
| Type: | Parent Agency | Administrator | STEVE NWOSE | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 08/15/2008 | <u>Owner Information</u> |
| License # | 012172 | | | | | EFE HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 1510 RIVERDALE DRIVE |
| Medicare 1: | 747141 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 331-5703 | Fax | (972) 331-5704 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANKLIN HADOME | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/03/2016 | <u>Owner Information</u> |
| License # | 018515 | | | | | ELIK DIALYSIS HOME THERAPY - MEMORIAL INC |
| Lic Expire | 06/30/2018 | | | | | 1445 NORTH LOOP WEST SUITE #720 |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 861-7500 | Fax | (713) 861-7502 | | | Licensed Home Health Services with Dialysis |
| Type: | Branch Agency | Administrator | MONICA BROOKS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/21/2017 | <u>Owner Information</u> |
| License # | 018117 | | | | | EMERALD CHOICE HOME CARE SOLUTIONS LLC |
| Lic Expire | 06/30/2019 | | | | | 1500 FLINTWOOD DR |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 641-4469 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMIRAT BEKELE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/03/2009 | <u>Owner Information</u> |
| License # | 012840 | | | | | FAMILY NURSES HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 777 SOUTH CENTRAL EXPRESS WAY SUITE 1-A |
| Medicare 1: | 747468 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 570-0022 | Fax | (214) 570-0002 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OMONO OMOKHODION | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/13/2012 | <u>Owner Information</u> |
| License # | 014583 | | | | | THE HAWKES CORPORATION |
| Lic Expire | 01/31/2020 | | | | | 3505 BARBERRY DRIVE |
| Medicare 1: | | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 897-0016 | Fax | (972) 767-3441 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEVIN STEWART | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/30/2013 | <u>Owner Information</u> |
| License # | 015999 | | | | | GIFTED HEALTHCARE INC |
| Lic Expire | 09/30/2019 | | | | | 811 S CENTRAL EXPRESSWAY SUITE 235 G |
| Medicare 1: | 747442 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 238-7191 | Fax | (972) 238-7192 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | OBIAGELI E ANUWE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/08/2005 | <u>Owner Information</u> |
| License # | 009686 | | | | | GOOD SHEPHERD HOME HEALTHCARE AGENCY INC |
| Lic Expire | 04/30/2019 | | | | | 9421 ANNS WAY |
| Medicare 1: | 677817 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 470-0440 | Fax | (972) 470-0307 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FIDELIS SIMO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/21/2006 | <u>Owner Information</u> |
| License # | 011216 | | | | | GUARDIAN HEALTHCARE |
| Lic Expire | 09/30/2018 | | | | | 13737 NOEL ROAD SUITE 1400 |
| Medicare 1: | 67Q7125001 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 678-9500 | Fax | (214) 678-0900 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | KAREN CHANDLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 06/01/2009 | <u>Owner Information</u> |
| License # | 012637 | | | | | HEALING POOL HOME HEALTH CARE AGENCY INCORPORATED |
| Lic Expire | 05/31/2019 | | | | | 2230 COUNTRY HOLLOW LANE |
| Medicare 1: | 747455 | | | | | GARLAND, TX 75040 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 479-9200 | Fax | (972) 479-9209 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CORNELIUS MACARTHY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/16/2011 | <u>Owner Information</u> |
| License # | 014356 | | | | | HOPE HORIZON LLC |
| Lic Expire | 09/30/2019 | | | | | 888 S GREENVILLE AVENUE, STE#201 |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 234-9001 | Fax | (972) 234-9008 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUKE LEOPOID KELLY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/06/2014 | <u>Owner Information</u> |
| License # | 016479 | | | | | HUMANA AT HOME DALLAS INC |
| Lic Expire | 10/31/2018 | | | | | 845 3RD AVENUE, 7TH FLOOR |
| Medicare 1: | 457870 | | | | | NEW YORK, NY 10022 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 422-1375 | Fax | (972) 665-0040 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JEANNE BARTON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/03/2014 | <u>Owner Information</u> |
| License # | 016059 | | | | | INHOME WHOLISTICARE AND WELLNESS SOUTH LLC |
| Lic Expire | 03/31/2018 | | | | | 2911 WHITEMARSH CIRCLE |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 312-9578 | Fax | (972) 235-3754 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DIANA E DIAZ | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/28/2017 | <u>Owner Information</u> |
| License # | 018210 | | | | | KALIBRA HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 275 W CAMPBELL RD #225 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (614) 746-5160 | Fax | (614) 746-5160 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SYLVIE MENASCE-ANDERSON | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/29/2010 | <u>Owner Information</u> |
| License # | 013199 | | | | | KASODEL HOME HEALTH SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 809 WOODWAY LANE |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 352-7845 | Fax | (972) 744-0366 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESTHER ATUCHUKWU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/30/2016 | <u>Owner Information</u> |
| License # | 017508 | | | | | KEYSTONE HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 777 S CENTRAL EXPRESSWAY STE I-H |
| Medicare 1: | 747319 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 262-9501 | Fax | (972) 767-4004 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DICKSON ALAO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/09/2008 | <u>Owner Information</u> |
| License # | 012006 | | | | | SIMPLY T & T INCORPORATED |
| Lic Expire | 05/31/2019 | | | | | 528 E MAIN STREET |
| Medicare 1: | 747152 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 234-5646 | Fax | (972) 234-5665 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MOBOLAJI IKUJENYO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/25/2015 | Owner Information |
| License # | 017009 | | | | | MEDLINK NETWORK LLC |
| Lic Expire | 07/31/2019 | | | | | 1701 ANALOG DRIVE |
| Medicare 1: | 679551 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 572-9783 | Fax | (972) 572-9782 | | | Services: |
| Type: | Parent Agency | Administrator | JOCELYN ANN GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/19/2008 | Owner Information |
| License # | 012014 | | | | | MORNING ROSE HOME HEALTH CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 888 S GREENVILLE AVE STE #139 |
| Medicare 1: | 747282 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (214) 553-8862 | Fax | (214) 553-8826 | | | Services: |
| Type: | Parent Agency | Administrator | DANIE MUZIRAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/01/2005 | Owner Information |
| License # | 010118 | | | | | MY REDEEMER HEALTHCARE SERVICES AND CONSULT LLC |
| Lic Expire | 09/30/2018 | | | | | 850 SOUTH GREENVILLE AVENUE #112 |
| Medicare 1: | 459097 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 952-1478 | Fax | (972) 952-1479 | | | Services: |
| Type: | Parent Agency | Administrator | ADESOLA OSIBAMOWO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/29/2011 | Owner Information |
| License # | 014066 | | | | | NIGHTINGALE FAMILY HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 811 S. CENTRAL EXPRESSWAY SUITE 541 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 918-0223 | Fax | (972) 918-0228 | | | Services: |
| Type: | Parent Agency | Administrator | PHILLIPA ANUWE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007339 | | | | | OUTREACH HOME CARE |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 840-7200 | Fax | (972) 840-7201 | | | Services: |
| Type: | Parent Agency | Administrator | MARY ELIZABETH ROBERTS | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/18/2014 | Owner Information |
| License # | 016779 | | | | | PATHWAY HOSPICE LLC |
| Lic Expire | 12/31/2018 | | | | | 4849 GREENVILLE AVENUE SUITE 235 |
| Medicare 1: | 671758 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (214) 377-9377 | Fax | (214) 292-9604 | | | Services: |
| Type: | Parent Agency | Administrator | ALECIA POWELL | | | Personal Assistance Services, Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/01/2016 | Owner Information |
| License # | 017656 | | | | | PATIENCE HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 605 FRANCES WAY |
| Medicare 1: | 679739 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 238-5446 | Fax | (972) 744-9884 | | | Services: |
| Type: | Parent Agency | Administrator | CHINWE BREWER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/03/2004 | Owner Information |
| License # | 009229 | | | | | PEACE HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 1200 CEDAR POINT DR |
| Medicare 1: | 457963 | | | | | WYLIE, TX 75098 |
| Medicare 2: | | | | | | |
| Phone | (972) 744-0133 | Fax | (972) 234-4915 | | | Services: |
| Type: | Parent Agency | Administrator | JANE O UWAGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 03/14/1997 | Owner Information |
| License # | 005944 | | | | | PRECIOUS CARE HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 811 SO CENTRAL EXPRESSWAY SUITE 304 |
| Medicare 1: | 678032 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 680-0096 | Fax | (972) 680-8318 | | | Services: |
| Type: | Parent Agency | Administrator | ONYEBUCHI S ACHO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2002 | Owner Information |
| License # | 008343 | | | | | PROFESSIONAL CARETAKERS INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 34659 |
| Medicare 1: | | | | | | FORT WORTH, TX 76162 |
| Medicare 2: | | | | | | |
| Phone | (214) 691-4411 | Fax | (214) 691-2394 | | | Services: |
| Type: | Branch Agency | Administrator | DEONNAH TATE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2002 | Owner Information |
| License # | 007880 | | | | | METROPRO HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 811 SOUTH CENTRAL EXPRESSWAY |
| Medicare 1: | 459430 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 918-0700 | Fax | (972) 918-0702 | | | Services: |
| Type: | Parent Agency | Administrator | IKE ANUWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 12/03/2007 | Owner Information |
| License # | 011719 | | | | | QUALITY BASED HOME HEALTH LLC |
| Lic Expire | 12/31/2019 | | | | | 513 LANCASHIRE DRIVE |
| Medicare 1: | 747140 | | | | | FLOWER MOUND, TX 75028 |
| Medicare 2: | | | | | | |
| Phone | (972) 744-9719 | Fax | (972) 744-9751 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA ALUKO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/06/2014 | Owner Information |
| License # | 016484 | | | | | HUMANA AT HOME (TLC) INC |
| Lic Expire | 10/31/2018 | | | | | 845 3RD AVE., 7TH FLOOR. |
| Medicare 1: | | | | | | NEW YORK, NY 10022 |
| Medicare 2: | | | | | | |
| Phone | (972) 422-1375 | Fax | (972) 665-0040 | | | Services: |
| Type: | Parent Agency | Administrator | JUNE M WAGE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/15/2014 | Owner Information |
| License # | 016212 | | | | | REJOICE HOSPICE INC |
| Lic Expire | 05/31/2018 | | | | | 1218 LUNA LANE |
| Medicare 1: | 741577 | | | | | GARLAND, TX 75044 |
| Medicare 2: | | | | | | |
| Phone | (972) 234-1648 | Fax | (972) 234-1657 | | | Services: |
| Type: | Parent Agency | Administrator | MATHEW JILSON | | | Hospice |
| County | DALLAS | Region | 03 | Date Licensed | 05/01/2007 | Owner Information |
| License # | 011296 | | | | | RELIANT FIRST HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 811 S CENTRAL EXPRESSWAY STE 518 |
| Medicare 1: | 747323 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 479-1500 | Fax | (972) 479-1501 | | | Services: |
| Type: | Parent Agency | Administrator | DIEUDONNE SOMO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/26/2013 | Owner Information |
| License # | 015928 | | | | | EBEN & T INTERNATIONAL INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 860313 |
| Medicare 1: | 679588 | | | | | PLANO, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 238-7108 | Fax | (972) 238-7109 | | | Services: |
| Type: | Parent Agency | Administrator | FARHAN HUSAIN | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2009 | <u>Owner Information</u> |
| License # | 012845 | | | | | SCHOELLHORN GROUP LLC |
| Lic Expire | 03/31/2019 | | | | | 1143 ROCKINGHAM DRIVE SUITE 114 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (214) 361-7943 | Fax | (214) 363-0697 | | | Services: |
| Type: | Parent Agency | Administrator | AMY MARTINEZ | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/19/2010 | <u>Owner Information</u> |
| License # | 013184 | | | | | SANTEC INTERNATIONAL CORPORATION |
| Lic Expire | 03/31/2018 | | | | | 1417 HEATHERBROOK DRIVE |
| Medicare 1: | 747714 | | | | | ALLEN, TX 75002 |
| Medicare 2: | | | | | | |
| Phone | (972) 925-0283 | Fax | (972) 925-0273 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLINA NWOKORIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/09/2010 | <u>Owner Information</u> |
| License # | 013158 | | | | | SMARTCARE HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 811 S CENTRAL EXPY STE 536 |
| Medicare 1: | 747565 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (972) 437-9200 | Fax | (972) 408-0753 | | | Services: |
| Type: | Parent Agency | Administrator | RUTH IFEDIORA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/23/2014 | <u>Owner Information</u> |
| License # | 016331 | | | | | STELINA COMPANION AND PERSONAL CARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 629 W CENTERVILLE ROAD 211 C |
| Medicare 1: | | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | |
| Phone | (860) 655-6910 | Fax | (972) 618-7820 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA SQUIRE | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/21/2017 | <u>Owner Information</u> |
| License # | 018185 | | | | | SUNLIFE HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 627 N 6TH AVENUE |
| Medicare 1: | | | | | | TUCSON, AZ 85705 |
| Medicare 2: | | | | | | |
| Phone | (214) 693-4678 | Fax | (888) 908-6830 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT MURPHY | | | Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 08/23/2013 | <u>Owner Information</u> |
| License # | 015962 | | | | | APPLIED HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 1600 BROADWAY, SUITE 700 |
| Medicare 1: | | | | | | DENVER, CO 80202 |
| Medicare 2: | | | | | | |
| Phone | (972) 480-9322 | Fax | (855) 876-4514 | | | Services: |
| Type: | Branch Agency | Administrator | DIANE SEATON | | | Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 09/01/2011 | <u>Owner Information</u> |
| License # | 014444 | | | | | TIMELY CARE HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 1701 N GREENVILLE AVE SUITE 1105 |
| Medicare 1: | 679789 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (972) 699-7200 | Fax | (972) 699-7206 | | | Services: |
| Type: | Parent Agency | Administrator | SUMA C JACOB | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/18/2014 | <u>Owner Information</u> |
| License # | 016546 | | | | | V CARE HOSPICE INC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 745 |
| Medicare 1: | 671762 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | |
| Phone | (214) 628-9090 | Fax | (214) 628-9091 | | | Services: |
| Type: | Parent Agency | Administrator | JIMMY MARTIN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 12/09/2004 | Owner Information |
| License # | 009452 | | | | | TOTAL PATIENT CARE HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 902 |
| Medicare 1: | 457823 | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 547-7496 | Fax | (214) 547-7460 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | EMILY MARTIN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 04/25/2008 | Owner Information |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 918-0612 | Fax | (972) 918-0642 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JANET BOWLES | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/07/2009 | Owner Information |
| License # | 012586 | | | | | TRINITY PERSONAL CARE LLC |
| Lic Expire | 05/31/2019 | | | | | P O BOX 1274 |
| Medicare 1: | | | | | | ALLEN, TX 75013 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 547-7483 | Fax | (214) 547-7489 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAURA MORRIS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 09/18/2017 | Owner Information |
| License # | 018329 | | | | | RICHARDSON TX HOMECARE LLC |
| Lic Expire | 09/30/2019 | | | | | 331 MELROSE DRIVE SUITE #240 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 998-4544 | Fax | (459) 998-4545 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JACOB BITTING | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/05/2009 | Owner Information |
| License # | 012429 | | | | | VIVA PEDIATRICS |
| Lic Expire | 02/28/2019 | | | | | 3400 WATERVIEW PARKWAY SUITE 115 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 341-7772 | Fax | (972) 378-2111 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TIARA MAXWELL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 10/05/2010 | Owner Information |
| License # | 013608 | | | | | WEE-CARE PEDIATRIC HOME HEALTH LLC |
| Lic Expire | 10/31/2018 | | | | | 100 NORTH CENTRAL EXPRESSWAY, SUITE 900 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 235-9155 | Fax | (972) 421-1833 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHELLY VANDERLIN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/29/2008 | Owner Information |
| License # | 012221 | | | | | WELLCARE GROUP HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 777 SOUTH CENTRAL EXPRESSWAY SUITE I-P |
| Medicare 1: | 747327 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 597-6665 | Fax | (972) 907-3632 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GEORGE AGWAIFE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/07/2017 | Owner Information |
| License # | 018095 | | | | | APPRAISE HEALTH CLINIC, PLLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 2150 |
| Medicare 1: | | | | | | ROWLETT, TX 75030 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 256-5318 | Fax | (469) 453-3299 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OWEN OMORAGBON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 02/10/2017 | Owner Information |
| License # | 016834 | | | | | DIERKSEN HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 2703 SHILLING |
| Medicare 1: | | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 607-1400 | Fax | (214) 607-1401 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | SHAUN DIERKSEN | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/28/2014 | Owner Information |
| License # | 016056 | | | | | AUXIEGOLDIE HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 10818 WATERVIEW PKWAY |
| Medicare 1: | | | | | | ROWLETT, TX 75089 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 674-5990 | Fax | (972) 271-3090 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AUGUSTINE OPARAJI | | | |
| County | DALLAS | Region | 03 | Date Licensed | 07/24/2009 | Owner Information |
| License # | 012740 | | | | | CHESTHER HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 3024 LOIS LN |
| Medicare 1: | 747626 | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 298-2764 | Fax | (469) 361-2435 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UCHE ANYANWU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/30/2011 | Owner Information |
| License # | 014369 | | | | | ZOE CHRISTIAN SENIOR CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 3705 LAKEVIEW PKWY SUITE 210 |
| Medicare 1: | | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 572-5700 | Fax | (972) 572-5701 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MANDY CASTRO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/31/2010 | Owner Information |
| License # | 013205 | | | | | PAT BAR LLC |
| Lic Expire | 03/31/2018 | | | | | 4514 ROWLETT RD STE 102 |
| Medicare 1: | | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 549-4785 | Fax | (972) 219-5371 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATSY CORLISS | | | |
| County | DALLAS | Region | 03 | Date Licensed | 08/04/2011 | Owner Information |
| License # | 014538 | | | | | E CARE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 10945 ESTATE LANE STE E309 |
| Medicare 1: | 747182 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 503-8115 | Fax | (214) 503-8785 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NNONYITUM S EJESIEME | | | |
| County | DALLAS | Region | 03 | Date Licensed | 03/25/2011 | Owner Information |
| License # | 013983 | | | | | GEMINI HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 8613 RUSSEL DRIVE |
| Medicare 1: | | | | | | ROWLETT, TX 75089 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 463-2319 | Fax | (972) 412-1845 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IFEANYI ONYIA | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/01/2007 | Owner Information |
| License # | 011070 | | | | | GLORIOUS HOME HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 4501 ROWLETT ROAD SUITE 104 |
| Medicare 1: | 457808 | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 607-4027 | Fax | (214) 607-4028 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OWOT OWOT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 09/26/2002 | <u>Owner Information</u> |
| License # | 008123 | | | | | HEALTH QUEST HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 1920 RIDGE CREST PL |
| Medicare 1: | 679218 | | | | | ROWLETT, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (972) 412-1540 | Fax | (972) 475-4443 | | | Services: |
| Type: | Parent Agency | Administrator | LISA ANN FERINA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/20/2007 | <u>Owner Information</u> |
| License # | 011169 | | | | | IMANUEL HEALTH SERVICES LLC |
| Lic Expire | 03/31/2020 | | | | | 10717 SPYGLASS HILL |
| Medicare 1: | 747496 | | | | | ROWLETT, TX 75089 |
| Medicare 2: | | | | | | |
| Phone | (214) 663-3175 | Fax | (972) 475-4269 | | | Services: |
| Type: | Parent Agency | Administrator | AMAKA ALINTAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 05/02/2007 | <u>Owner Information</u> |
| License # | 011304 | | | | | INTOUCH HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 4506 VAUGHAN DR SUITE 101 |
| Medicare 1: | 743187 | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | |
| Phone | (469) 326-2100 | Fax | (469) 326-2105 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA EKWEREKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 10/26/2004 | <u>Owner Information</u> |
| License # | 009374 | | | | | LYDIA HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 2805 CHAHA ROAD |
| Medicare 1: | 457921 | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | |
| Phone | (972) 412-2379 | Fax | (972) 412-2977 | | | Services: |
| Type: | Parent Agency | Administrator | AJO JAMES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DALLAS | Region | 03 | Date Licensed | 02/29/2012 | <u>Owner Information</u> |
| License # | 014671 | | | | | PREMA HOME CARE AGENCY INC |
| Lic Expire | 02/28/2018 | | | | | 2201 HARBORVIEW BLVD |
| Medicare 1: | | | | | | ROWLETT, TX 75088 |
| Medicare 2: | | | | | | |
| Phone | (214) 440-8698 | Fax | (214) 412-8901 | | | Services: |
| Type: | Parent Agency | Administrator | PRECIOUS ANYANWU | | | Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 04/11/2016 | <u>Owner Information</u> |
| License # | 017756 | | | | | REMEDY HOME HEALTH AGENCY INC |
| Lic Expire | 04/30/2018 | | | | | 11615 FOREST CENTRAL DR STE 109 |
| Medicare 1: | 743178 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | |
| Phone | (214) 607-4274 | Fax | (214) 607-4039 | | | Services: |
| Type: | Parent Agency | Administrator | HUMPHREY AMAECHI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 03/08/2007 | <u>Owner Information</u> |
| License # | 011132 | | | | | TRENDY CARE HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 6413 COPANO BAY DRIVE |
| Medicare 1: | 743161 | | | | | ROWLETT, TX 75089 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-7727 | Fax | (972) 212-4636 | | | Services: |
| Type: | Parent Agency | Administrator | VIVIAN U NSI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 07/14/2010 | <u>Owner Information</u> |
| License # | 013463 | | | | | EXTEEM HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 6804 SHADY VIEW COURT |
| Medicare 1: | 747653 | | | | | SACHSE, TX 75048 |
| Medicare 2: | | | | | | |
| Phone | (972) 530-4790 | Fax | (972) 496-0212 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES O NWOKO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | DALLAS | Region | 03 | Date Licensed | 12/31/2011 | Owner Information REITZ ENTERPRISES OF TEXAS, INC P.O. BOX 140473 DALLAS, TX 75214 |
| License # | 014743 | | | | | |
| Lic Expire | 12/31/2017 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 554-0700 | Fax | (972) 201-9279 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEVIN REITZ | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/31/2017 | Owner Information ESMERALDA NAVARRO 4601 TIMBERCREST WAY BALCH SPRINGS, TX 75180 |
| License # | 018084 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (469) 333-5268 | Fax | (469) 333-5288 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESMERALDA NAVARRO | | | |
| County | DALLAS | Region | 03 | Date Licensed | 02/08/2008 | Owner Information DFW CONSOLIDATED HEALTHCARE SERVICES LLC 1201 N KAUFMAN STREET SEAGOVILLE, TX 75159 |
| License # | 011892 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | 679136 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 287-8300 | Fax | (972) 287-1882 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA MAZIE-KALU | | | |
| County | DALLAS | Region | 03 | Date Licensed | 06/28/2004 | Owner Information ASCEND HOME CARE LLC 2611 NORTH BELTLINE ROAD SUITE 105 SUNNYVALE, TX 75182 |
| License # | 009163 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 673192 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 226-5884 | Fax | (972) 203-8766 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MOLLY MATHEW | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/14/2004 | Owner Information CARING HOME HEALTH INC 2515 NORTH BELT LINE ROAD SUNNYVALE, TX 75182 |
| License # | 009100 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | 457895 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 226-2929 | Fax | (972) 226-1141 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHAJI K DANIEL | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/05/2011 | Owner Information GOOD LIVING HOMECARE LLC 360 MIDSTREAM DRIVE SUNNYVALE, TX 75182 |
| License # | 013805 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 747782 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 325-4202 | Fax | (972) 325-4208 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSAMMA VARUGHESE | | | |
| County | DALLAS | Region | 03 | Date Licensed | 01/29/2013 | Owner Information LE CELESTE HOMECARE INC 386 REDSTONE DR. SUNNYVALE, TX 75182 |
| License # | 015343 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 747951 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 227-9444 | Fax | (214) 432-0165 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | THANKAMMA SUNNY | | | |
| County | DALLAS | Region | 03 | Date Licensed | 05/27/2015 | Owner Information PEACE PALLIATIVE AND HOSPICE INC 341 YOSEMITE FALLS DR SUNNYVALE, TX 75182 |
| License # | 016823 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 979-2562 | Fax | (972) 803-8316 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | PRABHA ALEX | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|--------------------|---------------|------------|--|
| County | DALLAS | Region | 03 | Date Licensed | 07/30/2014 | Owner Information |
| License # | 016592 | | | | | SHALEM HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 2611 N BELTLINE ROAD SUITE # 127 |
| Medicare 1: | 457984 | | | | | SUNNYVALE, TX 75182 |
| Medicare 2: | | | | | | |
| Phone | (972) 290-4994 | Fax | (972) 285-2561 | | | Services: |
| Type: | Parent Agency | Administrator | SHERIL M JOHN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DALLAS | Region | 03 | Date Licensed | 06/06/2012 | Owner Information |
| License # | 015114 | | | | | TREASURE LIFE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 310 EAST INTERSTATE 30, SUITE B102 |
| Medicare 1: | 457905 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (214) 484-6084 | Fax | (214) 484-6554 | | | Services: |
| Type: | Parent Agency | Administrator | LATHA RAJU | | | Licensed and Certified Home Health Services |
| County | DAWSON | Region | 09 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009509 | | | | | CALVERT HOME HEALTH CARE LTD |
| Lic Expire | 12/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7109002 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 747-8972 | Fax | (806) 762-0905 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DAWSON | Region | 09 | Date Licensed | 04/01/2005 | Owner Information |
| License # | 010265 | | | | | DAWSON COUNTY HOSPITAL DISTRICT |
| Lic Expire | 03/31/2018 | | | | | 2200 N BRYAN AVE |
| Medicare 1: | 677129 | | | | | LAMESA, TX 79331 |
| Medicare 2: | | | | | | |
| Phone | (806) 872-5727 | Fax | (806) 872-0823 | | | Services: |
| Type: | Parent Agency | Administrator | LETHA STOKES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DAWSON | Region | 09 | Date Licensed | 11/13/2013 | Owner Information |
| License # | 015867 | | | | | DAWSON COUNTY HOSPITAL DISTRICT |
| Lic Expire | 11/30/2019 | | | | | 2200 N BRYAN AVE |
| Medicare 1: | 741564 | | | | | LAMESA, TX 79331 |
| Medicare 2: | | | | | | |
| Phone | (806) 872-5727 | Fax | (806) 872-0823 | | | Services: |
| Type: | Parent Agency | Administrator | LETHA STOKES | | | Hospice |
| County | DEAF SMITH | Region | 01 | Date Licensed | 01/31/1984 | Owner Information |
| License # | 003110 | | | | | DEAF SMITH COUNTY HOSPITAL DISTRICT |
| Lic Expire | 01/31/2019 | | | | | 540 WEST 15TH STREET |
| Medicare 1: | 457579 | | | | | HEREFORD, TX 79045 |
| Medicare 2: | | | | | | |
| Phone | (806) 364-2344 | Fax | (806) 349-9373 | | | Services: |
| Type: | Parent Agency | Administrator | KALI EVANS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DEAF SMITH | Region | 01 | Date Licensed | 01/23/2013 | Owner Information |
| License # | 015332 | | | | | KINGS MANOR METHODIST RETIREMENT SYSTEM INC |
| Lic Expire | 01/31/2019 | | | | | P O BOX 1999 |
| Medicare 1: | 747929 | | | | | HEREFORD, TX 79045 |
| Medicare 2: | | | | | | |
| Phone | (806) 363-6085 | Fax | (806) 363-6038 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH SULLIVAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DEAF SMITH | Region | 01 | Date Licensed | 03/16/2017 | Owner Information |
| License # | 017957 | | | | | KINGS MANOR METHODIST RETIREMENT SYSTEM INC |
| Lic Expire | 03/31/2019 | | | | | P O BOX 1999 |
| Medicare 1: | 451782 | | | | | HEREFORD, TX 79045 |
| Medicare 2: | | | | | | |
| Phone | (806) 363-6085 | Fax | (806) 363-6038 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA J. RUCKMAN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-----------------------|-------------------------------------|--------------------------|--|
| County DELTA | Region 04 | Date Licensed 02/01/2016 | Owner Information COOPER HOME HEALTH, INC. 14295 MIDWAY RD STE 400 ADDISON, TX 75001 |
| License # 017314 | JORDAN HEALTH SERVICES | | |
| Lic Expire 01/31/2020 | 51 NORTH SIDE SQUARE | | |
| Medicare 1: 677908 | COOPER, TX 75432 | | |
| Medicare 2: | | | Services: |
| Phone (903) 395-2811 | Fax (903) 537-8996 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator MELLISA DUNAVANT | | |
| County DELTA | Region 04 | Date Licensed 08/07/2009 | Owner Information TENDER CARE INC 3013 LAKE VISTA DRIVE WYLIE, TX 75098 |
| License # 012767 | TENDER CARE INC | | |
| Lic Expire 08/31/2019 | 41 WEST SIDE SQUARE SUITE A | | |
| Medicare 1: 747864 | COOPER, TX 75432 | | |
| Medicare 2: | | | Services: |
| Phone (903) 300-3350 | Fax (214) 960-2866 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator GODWIN ESENE | | |
| County DENTON | Region 03 | Date Licensed 05/25/2017 | Owner Information LENDALOU ENTERPRISES LLC 9000 CEDAR RIDGE LANTANA, TX 76226 |
| License # 018078 | ALWAYS BEST CARE SOUTHLAKE DENTON | | |
| Lic Expire 05/31/2019 | 2650 FM 407 SUITE 255 | | |
| Medicare 1: | ARGYLE, TX 76226 | | |
| Medicare 2: | | | Services: |
| Phone (940) 241-2273 | Fax (940) 241-3322 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator SHANE CARPENTER | | |
| County DENTON | Region 03 | Date Licensed 09/02/2011 | Owner Information ARIRANG HOME HEALTHCARE INC 1100 RAIFORD ROAD APT 1002 CARROLLTON, TX 75007 |
| License # 014321 | ARIRANG HOME HEALTHCARE INC | | |
| Lic Expire 09/30/2019 | 1100 RAIFORD ROAD APT 1002 | | |
| Medicare 1: | CARROLLTON, TX 75007 | | |
| Medicare 2: | | | Services: |
| Phone (214) 545-2848 | Fax (972) 746-2895 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator HAEJA KIM | | |
| County DENTON | Region 03 | Date Licensed 02/25/2016 | Owner Information BRIGHT HOME HEALTH CARE INC 1805 E BRANCH HOLLOW DR CARROLLTON, TX 75007 |
| License # 017356 | BRIGHT HOME HEALTH | | |
| Lic Expire 02/28/2018 | 4100 MEDICAL PARKWAY SUITE 100 | | |
| Medicare 1: 677867 | CARROLLTON, TX 75007 | | |
| Medicare 2: | | | Services: |
| Phone (972) 820-8240 | Fax (972) 394-7327 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator SAJAN MATHEW | | |
| County DENTON | Region 03 | Date Licensed 04/19/2016 | Owner Information VANGUARD TEXAS CARE LLC 1930 E. ROSEMEADE PKWY, SUITE 220 CARROLLTON, TX 75007 |
| License # 017359 | BRIGHTSTAR CARE OF FRISCO | | |
| Lic Expire 04/30/2018 | 1930 E. ROSEMEADE PARKWAY SUITE 220 | | |
| Medicare 1: | CARROLLTON, TX 75007 | | |
| Medicare 2: | | | Services: |
| Phone (214) 396-1505 | Fax (469) 331-7701 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator VIVIANA GONZALEZ | | |
| County DENTON | Region 03 | Date Licensed 02/26/2007 | Owner Information COMMITTED HOME HEALTH CARE INC 2600 ELMBROOK DRIVE CARROLLTON, TX 75010 |
| License # 011443 | COMMITTED HOME HEALTH CARE INC | | |
| Lic Expire 02/29/2020 | 4217 MARSH RIDGE ROAD SUITE 100 | | |
| Medicare 1: 677809 | CARROLLTON, TX 75010 | | |
| Medicare 2: | | | Services: |
| Phone (972) 306-5060 | Fax (972) 307-6699 | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator SALLY E JACOB | | |
| County DENTON | Region 03 | Date Licensed 04/19/2012 | Owner Information ESTEEM HOSPICE LLC 2459 E HEBRON PKWY CARROLLTON, TX 75010 |
| License # 015028 | ESTEEM HOSPICE | | |
| Lic Expire 04/30/2018 | 2459 E HEBRON PARKWAY SUITE 130 | | |
| Medicare 1: 451783 | CARROLLTON, TX 75010 | | |
| Medicare 2: | | | Services: |
| Phone (972) 239-8131 | Fax (972) 239-8183 | | Hospice |
| Type: Parent Agency | Administrator MEGAN MERCHANT | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 07/31/2008 | <u>Owner Information</u> |
| License # | 012334 | | | | | GOOD HOPE HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 3202 DELAFORD DRIVE |
| Medicare 1: | 679705 | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (972) 394-4709 | Fax | (972) 394-4574 | | | Services: |
| Type: | Parent Agency | Administrator | SCHOLASTICA NWEKE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 03/13/2015 | <u>Owner Information</u> |
| License # | 016091 | | | | | HEART TO HEART HOSPICE OF TEXAS LTD |
| Lic Expire | 10/31/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (214) 944-1443 | Fax | (214) 944-1453 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DONNIE MABERRY | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 10/25/2013 | <u>Owner Information</u> |
| License # | 016091 | | | | | HEART TO HEART HOSPICE OF TEXAS LTD |
| Lic Expire | 10/31/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 451741 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (972) 479-0766 | Fax | (972) 479-0365 | | | Services: |
| Type: | Parent Agency | Administrator | DONNIE MABERRY | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 01/08/2018 | <u>Owner Information</u> |
| License # | 018551 | | | | | HOLY HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 4108 BARONA DR |
| Medicare 1: | | | | | | CARROLLTON, TX 75010 |
| Medicare 2: | | | | | | |
| Phone | (214) 494-8416 | Fax | (214) 307-6062 | | | Services: |
| Type: | Parent Agency | Administrator | VARGHESE ZACHARIA | | | Personal Assistance Services, Hospice |
| County | DENTON | Region | 03 | Date Licensed | 06/01/2017 | <u>Owner Information</u> |
| License # | 018354 | | | | | JEEVAN HOME HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | 3620 NORTH JOSEY LN STE 112 |
| Medicare 1: | 747790 | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (469) 458-2201 | Fax | (469) 410-6172 | | | Services: |
| Type: | Parent Agency | Administrator | KURIAKOSE VETTICHIRAYIL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 06/16/2015 | <u>Owner Information</u> |
| License # | 016856 | | | | | LIFEWAY HOSPICE LLC |
| Lic Expire | 06/30/2019 | | | | | 4230 LBJ FWY STE 153 |
| Medicare 1: | 741612 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (972) 807-2670 | Fax | (972) 767-0010 | | | Services: |
| Type: | Parent Agency | Administrator | BRANNON WILTSE | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 03/10/2017 | <u>Owner Information</u> |
| License # | 017952 | | | | | LOVED ONES HONORED HOME CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 2340 E. TRINITY MILLS SUITE #300 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (469) 546-5526 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | NICOLE BRANDY PATTERSON | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 07/13/2004 | <u>Owner Information</u> |
| License # | 009193 | | | | | MAXIMACARE LLC |
| Lic Expire | 07/31/2018 | | | | | 3740 N JOSEY LANE, SUITE#100A |
| Medicare 1: | 457809 | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (972) 471-1111 | Fax | (972) 692-6936 | | | Services: |
| Type: | Parent Agency | Administrator | NEETA SAMANI | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 05/16/2014 | Owner Information |
| License # | 016437 | | | | | NULIF HOME HEALTHCARE SERVICES, INC. |
| Lic Expire | 05/31/2018 | | | | | 7111 MARVIN D LOVE FREEWAY SUITE 209 |
| Medicare 1: | 457973 | | | | | DALLAS, TX 75237 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 492-3091 | Fax | (972) 394-4304 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID GIJU | | | |
| County | DENTON | Region | 03 | Date Licensed | 07/31/2012 | Owner Information |
| License # | 014969 | | | | | RESK HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 12300 FORD ROAD SUITE#303 |
| Medicare 1: | 741697 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 396-7474 | Fax | (214) 396-7475 | | | Hospice |
| Type: | Parent Agency | Administrator | SUMA C. JACOB | | | |
| County | DENTON | Region | 03 | Date Licensed | 01/04/2007 | Owner Information |
| License # | 010977 | | | | | REGAL HEALTHCARE INC |
| Lic Expire | 01/31/2020 | | | | | 4220 WILD PLUM DR |
| Medicare 1: | 679732 | | | | | CARROLLTON, TX 75010 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 483-3355 | Fax | (214) 483-3357 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PLEASURE U NWACHUKWU | | | |
| County | DENTON | Region | 03 | Date Licensed | 07/21/2009 | Owner Information |
| License # | 012723 | | | | | RISING HOME HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | 1433 GRIMES DRIVE |
| Medicare 1: | 747552 | | | | | CARROLLTON, TX 75010 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 394-8600 | Fax | (972) 394-8611 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BOSAH MENYUAH | | | |
| County | DENTON | Region | 03 | Date Licensed | 09/20/2014 | Owner Information |
| License # | 016526 | | | | | ROYAL HOME HEALTH CARE INCORPORATED |
| Lic Expire | 09/30/2018 | | | | | 4020 HUFFINES BLVD, STE 100 |
| Medicare 1: | 457987 | | | | | CARROLLTON, TX 75010 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 247-9001 | Fax | (972) 247-9002 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSANNA PHILIP | | | |
| County | DENTON | Region | 03 | Date Licensed | 02/28/2006 | Owner Information |
| License # | 010325 | | | | | TRINITY HEALTH AND HOME CARE SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | P O BOX171817 |
| Medicare 1: | 679324 | | | | | ARLINGTON, TX 76003 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 782-9190 | Fax | (817) 585-4806 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ISRAEL MWESIGWA | | | |
| County | DENTON | Region | 03 | Date Licensed | 01/28/2005 | Owner Information |
| License # | 006983 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2017 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | 451504 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 659-6900 | Fax | (972) 659-6932 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MARILYN CONLEY | | | |
| County | DENTON | Region | 03 | Date Licensed | 09/12/2011 | Owner Information |
| License # | 014339 | | | | | BETTER LIVING HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 2625 OLD DENTON ROAD SUITE 452 |
| Medicare 1: | | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 820-8700 | Fax | (972) 820-5989 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | YOUNG S KANG | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 10/26/2010 | <u>Owner Information</u> |
| License # | 013678 | | | | | AMITA HOMECARE |
| Lic Expire | 10/31/2018 | | | | | 3606 WINCHESTER COURT |
| Medicare 1: | 747662 | | | | | CORINTH, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 497-4656 | Fax | (940) 321-4341 | | | Services: |
| Type: | Parent Agency | Administrator | KOLIMA DAVID WILLIAMS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 09/09/2008 | <u>Owner Information</u> |
| License # | 012230 | | | | | CORINTH HOME HEALTH CARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 2111 MEADOWVIEW DRIVE |
| Medicare 1: | 747356 | | | | | CORINTH, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (214) 998-7935 | Fax | (940) 279-1034 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY AGBAGWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 04/18/2008 | <u>Owner Information</u> |
| License # | 011968 | | | | | ZELANO HEALTHCARE LLC. |
| Lic Expire | 04/30/2019 | | | | | 2302 POST OAK DRIVE |
| Medicare 1: | 747236 | | | | | CORINTH, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 498-1524 | Fax | (940) 498-1525 | | | Services: |
| Type: | Parent Agency | Administrator | LARRY IMOEKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 08/04/2014 | <u>Owner Information</u> |
| License # | 016358 | | | | | LIVING WELL SENIOR CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 8317 STALLION ST |
| Medicare 1: | | | | | | DENTON, TX 76208 |
| Medicare 2: | | | | | | |
| Phone | (940) 215-0209 | Fax | (877) 875-1813 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINA GRUPICO | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 12/11/2006 | <u>Owner Information</u> |
| License # | 010930 | | | | | 1ST CHOICE HOME HEALTH |
| Lic Expire | 12/31/2018 | | | | | 601 REGENCY CT |
| Medicare 1: | 679657 | | | | | DENTON, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 387-4594 | Fax | (940) 387-4915 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHEN CIULLA | | | Licensed and Certified Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 04/27/2005 | <u>Owner Information</u> |
| License # | 009716 | | | | | A C T HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 4401 IH 35 SUITE 208 |
| Medicare 1: | 457965 | | | | | DENTON, TX 76207 |
| Medicare 2: | | | | | | |
| Phone | (940) 484-2900 | Fax | (940) 484-2903 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT SCHRAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 03/31/2003 | <u>Owner Information</u> |
| License # | 008395 | | | | | KINDSTAR INC |
| Lic Expire | 03/31/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 679325 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (940) 891-1161 | Fax | (940) 891-1162 | | | Services: |
| Type: | Parent Agency | Administrator | JAMIE HOLLAND | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 12/31/2006 | <u>Owner Information</u> |
| License # | 011196 | | | | | KINDSTAR INC |
| Lic Expire | 12/31/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 671528 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (940) 220-2027 | Fax | (940) 891-1162 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA KIMBLE | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 06/17/2002 | <u>Owner Information</u> |
| License # | 007973 | | | | | REHABTRUST INC |
| Lic Expire | 06/30/2018 | | | | | 815 NORTH ELM STREET SUITE 101 |
| Medicare 1: | 679204 | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | |
| Phone | (940) 384-0393 | Fax | (940) 384-0003 | | | Services: |
| Type: | Parent Agency | Administrator | RON TESTER | | | Licensed and Certified Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 07/28/2014 | <u>Owner Information</u> |
| License # | 016347 | | | | | AFFABLE HEALTHCARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 10935 ESTATE LANE SUITE S-235 |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (469) 334-4255 | Fax | (469) 270-1515 | | | Services: |
| Type: | Parent Agency | Administrator | OMOLAYO OLUWATOBA AYENI | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 02/11/2005 | <u>Owner Information</u> |
| License # | 009582 | | | | | ANJI HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | 2700 LOON LAKE ROAD |
| Medicare 1: | 677821 | | | | | DENTON, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 535-6036 | Fax | (940) 535-6031 | | | Services: |
| Type: | Parent Agency | Administrator | HONG ZHAO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 10/01/2017 | <u>Owner Information</u> |
| License # | 018569 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 09/30/2019 | | | | | 4800 W 57TH ST |
| Medicare 1: | 677843 | | | | | SIOUX FALLS, SD |
| Medicare 2: | | | | | | |
| Phone | (940) 585-6338 | Fax | (940) 565-6339 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORIA KAVANAUGH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 08/15/2016 | <u>Owner Information</u> |
| License # | 017573 | | | | | SIRIUS HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 3 ROCHESTER CT |
| Medicare 1: | | | | | | TROPHY CLUB, TX 76262 |
| Medicare 2: | | | | | | |
| Phone | (940) 432-5555 | Fax | (940) 432-5550 | | | Services: |
| Type: | Parent Agency | Administrator | STACEY ETHERIDGE | | | Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 05/05/2016 | <u>Owner Information</u> |
| License # | 017379 | | | | | ALLFORD SELECT INC |
| Lic Expire | 05/31/2018 | | | | | 2116 FLEMING DRIVE |
| Medicare 1: | | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (940) 208-0011 | Fax | (940) 208-0010 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA ALLFORD | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 09/05/2007 | <u>Owner Information</u> |
| License # | 011561 | | | | | 2 HARVEST INC |
| Lic Expire | 09/30/2019 | | | | | 406 S CARROLL BLVD |
| Medicare 1: | | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | |
| Phone | (940) 323-8840 | Fax | (940) 387-6416 | | | Services: |
| Type: | Parent Agency | Administrator | STACI SCHMIDT | | | Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 06/20/2017 | <u>Owner Information</u> |
| License # | 018112 | | | | | EMMAUS HOMEHEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 2417 GREAT BEAR LANE |
| Medicare 1: | | | | | | DENTON, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 595-6958 | Fax | (940) 239-6776 | | | Services: |
| Type: | Parent Agency | Administrator | NELLY SANG | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 06/03/2011 | Owner Information |
| License # | 014255 | | | | | ENCOMPASS HOME HEALTH OF DFW LLC |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 67Q9428003 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (940) 382-2840 | Fax | (940) 382-5115 | | | Services: |
| Type: | Branch Agency | Administrator | LINDA FARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 08/23/2002 | Owner Information |
| License # | 008072 | | | | | HEAVEN AT HOME INC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51455 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (940) 380-0500 | Fax | (940) 380-0700 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT VANDERHOEF | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 10/01/2017 | Owner Information |
| License # | 018525 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 09/30/2019 | | | | | 700 NORTH TOWN EAST BLVD., SUITE 159 |
| Medicare 1: | 671584 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (817) 268-2643 | Fax | (817) 282-1062 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | TIFFANY CLARK | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 02/07/2012 | Owner Information |
| License # | 014832 | | | | | MMKM INC |
| Lic Expire | 02/28/2018 | | | | | 7400 LIVINGSTON DR |
| Medicare 1: | | | | | | DENTON, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 382-7548 | Fax | (940) 382-7645 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY TRUAX | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 04/03/2014 | Owner Information |
| License # | 016129 | | | | | LINK2THERAPY LLC |
| Lic Expire | 04/30/2018 | | | | | 1400 N LOCUST ST |
| Medicare 1: | | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | |
| Phone | (940) 383-2721 | Fax | (940) 403-2550 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTIN BATEMAN | | | Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 03/08/2017 | Owner Information |
| License # | 017435 | | | | | NEW CENTURY HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 671588 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (940) 222-5885 | Fax | (84) 358-2004 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ADDIS UMER | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 06/12/2014 | Owner Information |
| License # | 016258 | | | | | PEDIATRIC THERAPY INC |
| Lic Expire | 06/30/2018 | | | | | 4601 66TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79414 |
| Medicare 2: | | | | | | |
| Phone | (866) 832-1708 | Fax | (888) 789-4391 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES MICHAEL CLARK | | | Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 02/15/2006 | Owner Information |
| License # | 010291 | | | | | PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | 2412 OLD NORTH RD SUITE 101 K |
| Medicare 1: | 677962 | | | | | DENTON, TX 76209 |
| Medicare 2: | | | | | | |
| Phone | (940) 566-4999 | Fax | (940) 566-4992 | | | Services: |
| Type: | Parent Agency | Administrator | NDIFREKE ITATA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 11/18/2015 | Owner Information |
| License # | 017139 | | | | | PSALMS HOME CARE CONSULTING LLC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 1941 |
| Medicare 1: | | | | | | DENTON, TX 76202 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 594-9729 | Fax | (940) 382-9717 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATRINA MCPHERSON | | | |
| County | DENTON | Region | 03 | Date Licensed | 12/04/2015 | Owner Information |
| License # | 017243 | | | | | RAY OF SUNSHINE SITTING SERVICE REGISTRY OF DENTON INC |
| Lic Expire | 12/31/2019 | | | | | 1204 W UNIVERSITY SUITE 201 |
| Medicare 1: | | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 321-6562 | Fax | (940) 442-5375 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LINDA PECK | | | |
| County | DENTON | Region | 03 | Date Licensed | 07/25/2013 | Owner Information |
| License # | 016260 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 07/31/2019 | | | | | 1050 FOREST PARK BLVD |
| Medicare 1: | 747251 | | | | | FORT WORTH, TX 76110 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 243-9812 | Fax | (940) 243-9817 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | FREDA KELLEY | | | |
| County | DENTON | Region | 03 | Date Licensed | 07/05/2016 | Owner Information |
| License # | 017493 | | | | | SILVER LINING HCS LLC |
| Lic Expire | 07/31/2018 | | | | | 9040 YUCCA CIR |
| Medicare 1: | | | | | | SANGER, TX 76266 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 514-1600 | Fax | (888) 558-8750 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ASHLEY LASCOR | | | |
| County | DENTON | Region | 03 | Date Licensed | 12/09/2015 | Owner Information |
| License # | 017164 | | | | | SOCORRO HOME HEALTH CARE, INC |
| Lic Expire | 12/31/2017 | | | | | 624 WEST UNIVERSITY DR. # 153 |
| Medicare 1: | | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 597-6987 | Fax | (940) 442-5288 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LIMA UDEOGU | | | |
| County | DENTON | Region | 03 | Date Licensed | 05/07/2007 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |
| County | DENTON | Region | 03 | Date Licensed | 09/01/2015 | Owner Information |
| License # | 017008 | | | | | LAMBERT CARE INC. |
| Lic Expire | 08/31/2019 | | | | | 401 SPRING CIRCLE |
| Medicare 1: | | | | | | ARGYLE, TX 76226 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 891-1500 | Fax | (469) 675-6171 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARTHUR LAMBERT | | | |
| County | DENTON | Region | 03 | Date Licensed | 08/18/2010 | Owner Information |
| License # | 013533 | | | | | M & H MANAGEMENT INC |
| Lic Expire | 08/31/2018 | | | | | 210 S ELM ST STE 107 |
| Medicare 1: | 747630 | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 381-2288 | Fax | (940) 381-2299 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DREW MIZE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|---|
| County | DENTON | Region | 03 | Date Licensed | 04/22/2016 | Owner Information |
| License # | 017511 | | | | | MORNING CALM HOSPICE, INC. |
| Lic Expire | 04/30/2018 | | | | | 723 S. INTERSTATE 35 EAST. SUITE 126 |
| Medicare 1: | 671723 | | | | | DENTON, TX 76205 |
| Medicare 2: | | | | | | |
| Phone | (940) 222-3962 | Fax | (940) 381-2299 | | | Services: |
| Type: | Parent Agency | Administrator | DREW MIZE | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 07/23/2009 | Owner Information |
| License # | 012733 | | | | | UNLIMITED CARE OF NORTH TEXAS INC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 847 |
| Medicare 1: | | | | | | AUBREY, TX 76227 |
| Medicare 2: | | | | | | |
| Phone | (940) 390-0493 | Fax | (940) 440-9090 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA DEGRAFFENREID | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 08/31/2015 | Owner Information |
| License # | 017199 | | | | | DENTON HOMECARE LLC |
| Lic Expire | 08/31/2017 | | | | | 1421 N. ELM ST. STE 103 |
| Medicare 1: | | | | | | DENTON, TX 76201 |
| Medicare 2: | | | | | | |
| Phone | (940) 387-0395 | Fax | (940) 387-6359 | | | Services: |
| Type: | Parent Agency | Administrator | AUDRA PICKENS | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 10/30/2013 | Owner Information |
| License # | 006982 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2018 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | 451553 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | |
| Phone | (817) 870-7070 | Fax | (817) 870-7090 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | KELLEY BAKER | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 10/02/1995 | Owner Information |
| License # | 001531 | | | | | THE VISITING NURSE ASSOCIATION OF TEXAS |
| Lic Expire | 09/30/2019 | | | | | 1600 VICEROY SUITE 400 |
| Medicare 1: | 451506 | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | |
| Phone | (940) 566-6550 | Fax | (940) 383-4000 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | KATHERINE KRAUSE | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 01/17/1995 | Owner Information |
| License # | 003056 | | | | | THE VISITING NURSE ASSOCIATION OF TEXAS |
| Lic Expire | 01/31/2019 | | | | | 1600 VICEROY SUITE 400 |
| Medicare 1: | 45Q7001004 | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | |
| Phone | (940) 349-5900 | Fax | (940) 383-4000 | | | Services: |
| Type: | Branch Agency | Administrator | KATHERINE KRAUSE | | | Licensed and Certified Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 02/19/2008 | Owner Information |
| License # | 011890 | | | | | ZION ROCK SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 1107 SAVAGE DRIVE |
| Medicare 1: | 747151 | | | | | DENTON, TX 76207 |
| Medicare 2: | | | | | | |
| Phone | (940) 891-1808 | Fax | (940) 891-1838 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH E ADJAYE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 12/19/2017 | Owner Information |
| License # | 018518 | | | | | ACCUAID CARE SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 1011 SURREY LANE BUILDING 200 |
| Medicare 1: | | | | | | FLOWER MOUND, TX 75022 |
| Medicare 2: | | | | | | |
| Phone | (817) 754-0089 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | AMBREEN MASOOD | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 07/20/2007 | <u>Owner Information</u> |
| License # | 011483 | | | | | ARDENT HOSPICE LLC |
| Lic Expire | 07/31/2018 | | | | | 700 PARKER SQUARE SUITE 105 |
| Medicare 1: | 671603 | | | | | FLOWER MOUND, TX 75028 |
| Medicare 2: | | | | | | |
| Phone | (469) 293-1515 | Fax | (469) 293-1530 | | | Services: |
| Type: | Parent Agency | Administrator | JIMMIE M STAPLETON | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 10/30/2014 | <u>Owner Information</u> |
| License # | 016505 | | | | | SENIORCARE ASSOCIATES LP |
| Lic Expire | 03/31/2018 | | | | | 4714 GETTYSBURG RD |
| Medicare 1: | 45Q7855001 | | | | | MECHANICSBURG, PA 17055 |
| Medicare 2: | | | | | | |
| Phone | (972) 691-3131 | Fax | (972) 691-3151 | | | Services: |
| Type: | Branch Agency | Administrator | NICOLE BRISCOE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 03/27/2014 | <u>Owner Information</u> |
| License # | 016505 | | | | | SENIORCARE ASSOCIATES LP |
| Lic Expire | 03/31/2018 | | | | | 4714 GETTYSBURG RD |
| Medicare 1: | 457855 | | | | | MECHANICSBURG, PA 17055 |
| Medicare 2: | | | | | | |
| Phone | (972) 691-3131 | Fax | (972) 691-3151 | | | Services: |
| Type: | Parent Agency | Administrator | NICOLE BRISCOE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 02/29/2016 | <u>Owner Information</u> |
| License # | 017318 | | | | | CURANTIS INC |
| Lic Expire | 02/28/2018 | | | | | 204 BENTON DRIVE |
| Medicare 1: | | | | | | ROANOKE, TX 76262 |
| Medicare 2: | | | | | | |
| Phone | (214) 800-5566 | Fax | (972) 691-8100 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY BUCKNER | | | Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 06/16/2010 | <u>Owner Information</u> |
| License # | 013391 | | | | | DATE HEALTHCARE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 3201 CROSS TIMBERS RD SUITE300 |
| Medicare 1: | | | | | | FLOWER MOUND, TX 75028 |
| Medicare 2: | | | | | | |
| Phone | (972) 539-5300 | Fax | (972) 539-5310 | | | Services: |
| Type: | Parent Agency | Administrator | LAWRENCE AJAYI | | | Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 12/13/2017 | <u>Owner Information</u> |
| License # | 018508 | | | | | GODLY HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 2105 LINCOLN CT |
| Medicare 1: | | | | | | FLOWER MOUND, TX 75028 |
| Medicare 2: | | | | | | |
| Phone | (214) 718-0809 | Fax | (214) 307-6023 | | | Services: |
| Type: | Parent Agency | Administrator | VARGHESE ZACHARIA | | | Personal Assistance Services, Hospice |
| County | DENTON | Region | 03 | Date Licensed | 06/04/2010 | <u>Owner Information</u> |
| License # | 013531 | | | | | MERCY HOSPICE LTD |
| Lic Expire | 06/30/2018 | | | | | 2281 OLYMPIA DR. SUITE #100 |
| Medicare 1: | 451749 | | | | | FLOWER MOUND, TX 75028 |
| Medicare 2: | | | | | | |
| Phone | (972) 459-9992 | Fax | (972) 459-9911 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE ROBERTS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 02/05/2009 | <u>Owner Information</u> |
| License # | 012431 | | | | | REALITY HEALTH CARE |
| Lic Expire | 02/28/2019 | | | | | P O BOX 271120 |
| Medicare 1: | 747402 | | | | | FLOWER MOUND, TX 75027 |
| Medicare 2: | | | | | | |
| Phone | (214) 222-5201 | Fax | (214) 222-5202 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY N BIENI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 05/29/2008 | <u>Owner Information</u> |
| License # | 012034 | | | | | ARIEL AMANA HEALTHCARE INC |
| Lic Expire | 05/31/2019 | | | | | 5000 EL DORADO PLWY STE 150 |
| Medicare 1: | 747318 | | | | | FRISCO, TX 75033 |
| Medicare 2: | | | | | | |
| Phone | (469) 200-4471 | Fax | (469) 200-4472 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE NAOMI JAMES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 05/04/2017 | <u>Owner Information</u> |
| License # | 018036 | | | | | FORGET ME NOT LIFE CARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 6083 |
| Medicare 1: | | | | | | MCKINNEY, TX 75071 |
| Medicare 2: | | | | | | |
| Phone | (469) 310-3680 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA CRAWFORD | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 03/11/2013 | <u>Owner Information</u> |
| License # | 015422 | | | | | PROGENESIS HEALTHCARE INC |
| Lic Expire | 03/31/2019 | | | | | 13245 GRAYHAWK BLVD |
| Medicare 1: | | | | | | FRISCO, TX 75033 |
| Medicare 2: | | | | | | |
| Phone | (214) 872-1280 | Fax | (214) 872-1280 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA APARI | | | Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 06/07/2013 | <u>Owner Information</u> |
| License # | 015587 | | | | | HOME CARE ASSISTANCE |
| Lic Expire | 06/30/2019 | | | | | 2570 FM 407, SUITE 125 |
| Medicare 1: | | | | | | HIGHLAND VILLAGE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (972) 468-6010 | Fax | (972) 317-2534 | | | Services: |
| Type: | Parent Agency | Administrator | TAMIKA JACKSON | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 10/13/2006 | <u>Owner Information</u> |
| License # | 010803 | | | | | WADES SOLUTIONS FOR LIVING INC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 293565 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75029 |
| Medicare 2: | | | | | | |
| Phone | (972) 318-5054 | Fax | (972) 317-5014 | | | Services: |
| Type: | Parent Agency | Administrator | CANDACE L WADE | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 03/21/2008 | <u>Owner Information</u> |
| License # | 011934 | | | | | PERSONAL NEIGHBOR CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 1992 JUSTIN RD STE 200 |
| Medicare 1: | | | | | | HIGHLAND VILLAGE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (972) 317-0900 | Fax | (972) 317-0919 | | | Services: |
| Type: | Parent Agency | Administrator | GIANNA R LOFTIS | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 12/29/2015 | <u>Owner Information</u> |
| License # | 017192 | | | | | ABS PALLIATIVE AND HOSPICE CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 2732 TREASURE COVE DRIVE |
| Medicare 1: | 741669 | | | | | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (469) 503-8008 | Fax | (214) 469-1394 | | | Services: |
| Type: | Parent Agency | Administrator | ALICE ABRAHAM | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | DENTON | Region | 03 | Date Licensed | 07/02/2008 | Owner Information |
| License # | 012082 | | | | | AGATES HOME HEALTH AGENCY INC |
| Lic Expire | 07/31/2019 | | | | | 1517 CAYMUS COURT |
| Medicare 1: | 747268 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (972) 221-3693 | Fax | (972) 221-3695 | | | Services: |
| Type: | Parent Agency | Administrator | OTILIA EFESOA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 07/16/2015 | Owner Information |
| License # | 016919 | | | | | ANZIANO CORP. |
| Lic Expire | 07/31/2019 | | | | | 104 ROSE CT |
| Medicare 1: | | | | | | ARGYLE, TX 76226 |
| Medicare 2: | | | | | | |
| Phone | (469) 906-2399 | Fax | (469) 906-2367 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE CONNELLY | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 04/01/2005 | Owner Information |
| License # | 009677 | | | | | AMAZING GRACE HOME HEALTH AGENCY, INC. |
| Lic Expire | 03/31/2018 | | | | | 383 PERRY AVENUE |
| Medicare 1: | 679452 | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (972) 436-5241 | Fax | (972) 436-5709 | | | Services: |
| Type: | Parent Agency | Administrator | ALPHONSINE UGOCHUKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 02/06/2009 | Owner Information |
| License # | 012432 | | | | | AMERICARE HOME HEALTH SYSTEM INC |
| Lic Expire | 02/28/2019 | | | | | 12989 JUPITER RD STE 104 |
| Medicare 1: | 747722 | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (214) 221-8603 | Fax | (214) 221-8609 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY QUACHIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 01/13/2009 | Owner Information |
| License # | 012578 | | | | | ANCHOR PULMONARY REHAB AND HOME HEALTHCARE SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 2001 FEATHER LANE |
| Medicare 1: | 679700 | | | | | LEWISVILLE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (972) 317-7331 | Fax | (972) 317-3296 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL OSITA EKPE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 03/27/2012 | Owner Information |
| License # | 014708 | | | | | ARCHWAY HOME HEALTH AND HOSPICE INC |
| Lic Expire | 03/31/2018 | | | | | 5044 EXPOSITION WAY |
| Medicare 1: | 747827 | | | | | FORTH WORTH, TX 76244 |
| Medicare 2: | | | | | | |
| Phone | (817) 665-6410 | Fax | (214) 593-5289 | | | Services: |
| Type: | Parent Agency | Administrator | ALLEN D WINN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | DENTON | Region | 03 | Date Licensed | 03/02/2007 | Owner Information |
| License # | 011112 | | | | | ASPEN HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 314 W MAIN STREET |
| Medicare 1: | 743181 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (972) 316-2035 | Fax | (972) 315-1507 | | | Services: |
| Type: | Parent Agency | Administrator | PATTY WEST | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 06/15/2011 | <u>Owner Information</u> |
| License # | 014164 | | | | | ASPEN HOSPICE CARE INC |
| Lic Expire | 06/30/2019 | | | | | 314 W MAIN ST STE 700 |
| Medicare 1: | 671734 | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (972) 316-2035 | Fax | (972) 315-1507 | | | Services: |
| Type: | Parent Agency | Administrator | ANDREA WILLIAMS | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 09/18/2017 | <u>Owner Information</u> |
| License # | 018327 | | | | | AUTUMN OF LIFE HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 736 SUMMIT RDG |
| Medicare 1: | | | | | | LEWISVILLE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (972) 375-3366 | Fax | (972) 436-1067 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY BORO | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 11/15/2002 | <u>Owner Information</u> |
| License # | 008194 | | | | | BLESSING HEALTHCARE SERVICES LTD CO |
| Lic Expire | 11/30/2018 | | | | | 2012 VISTA DRIVE |
| Medicare 1: | 679297 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (972) 315-8030 | Fax | (972) 459-7944 | | | Services: |
| Type: | Parent Agency | Administrator | BENSON MOMAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | CARERITE HOME HEALTH AND HOSPICE SERVICES |
| Lic Expire | | | | | | 2783 SAFE HARBOR DR |
| Medicare 1: | | | | | | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (214) 930-1657 | Fax | (214) 731-6156 | | | Services: |
| Type: | Parent Agency | Administrator | LEO NWAOKWU | | | |
| County | DENTON | Region | 03 | Date Licensed | 01/27/2015 | <u>Owner Information</u> |
| License # | 016620 | | | | | LANDRUM BLOCKWOOD HOLDINGS CORPORATION |
| Lic Expire | 01/31/2019 | | | | | 966 N GARDEN RIDGE SUITE 500 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (469) 464-3514 | Fax | (469) 464-3295 | | | Services: |
| Type: | Parent Agency | Administrator | KENNETH JAMES GREEN | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 01/26/2011 | <u>Owner Information</u> |
| License # | 013848 | | | | | ENABLE HOME HEALTHCARE LLC |
| Lic Expire | 01/31/2019 | | | | | 408 BLACK CASTLE DRIVE |
| Medicare 1: | 747732 | | | | | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (214) 364-5877 | Fax | (972) 899-0282 | | | Services: |
| Type: | Parent Agency | Administrator | NAVEEN C BAGH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 01/05/2016 | <u>Owner Information</u> |
| License # | 017204 | | | | | ENVOY HOSPICE NORTH LLC |
| Lic Expire | 01/31/2020 | | | | | 1412 WEST MAGNOLIA SUITE 100 |
| Medicare 1: | 741627 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (469) 470-2765 | Fax | (469) 470-2776 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN POULSEN | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 06/07/2005 | <u>Owner Information</u> |
| License # | 009789 | | | | | CALLMED LLC |
| Lic Expire | 06/30/2018 | | | | | 550 S. EDMONDS LANE SUITE #202 |
| Medicare 1: | 679605 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (469) 441-1565 | Fax | (972) 219-1750 | | | Services: |
| Type: | Parent Agency | Administrator | ANGIE N NDUKA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 11/13/2008 | Owner Information |
| License # | 012301 | | | | | GLOW HEALTHCARE SOLUTIONS INCORPORATED |
| Lic Expire | 11/30/2018 | | | | | 1400 PEREGRINE ST |
| Medicare 1: | 747149 | | | | | LEWISVILLE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (469) 464-3582 | Fax | (469) 464-3592 | | | Services: |
| Type: | Parent Agency | Administrator | IFEANYI G. EKECHUKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 12/29/2005 | Owner Information |
| License # | 010216 | | | | | GOSHEN HEALTHCARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 1181 VALLEY RIDGE BLVD |
| Medicare 1: | 677955 | | | | | LEWISVILLE, TX 75077 |
| Medicare 2: | | | | | | |
| Phone | (972) 956-9771 | Fax | (972) 956-9976 | | | Services: |
| Type: | Parent Agency | Administrator | IFEABYI D OJEMAYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 10/28/2010 | Owner Information |
| License # | 013693 | | | | | HARRIS HOSPICE INC |
| Lic Expire | 10/31/2018 | | | | | 522 S EDMONDS LANE SUITE 103 |
| Medicare 1: | 451777 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (972) 353-0800 | Fax | (972) 353-0811 | | | Services: |
| Type: | Parent Agency | Administrator | JAY HARRIS | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 12/11/2006 | Owner Information |
| License # | 010929 | | | | | HOME CARE 4 SENIORS LLC |
| Lic Expire | 12/31/2019 | | | | | 2785 ROCKBROOK DRIVE #305 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (214) 621-1969 | Fax | (214) 295-8827 | | | Services: |
| Type: | Parent Agency | Administrator | MURAD MADHANI | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 11/21/2016 | Owner Information |
| License # | 017816 | | | | | HOME HEALTH SPECIALISTS, LLC |
| Lic Expire | 11/30/2018 | | | | | 697 S STEMMONS FREEWAY SUITE 200 |
| Medicare 1: | 677961 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (877) 466-0050 | Fax | (877) 466-0075 | | | Services: |
| Type: | Parent Agency | Administrator | ROBBIE DALE NEVILLE | | | Licensed and Certified Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 10/28/2016 | Owner Information |
| License # | 014286 | | | | | SIXRSIG LLC |
| Lic Expire | 08/31/2019 | | | | | 85 NE LOOP 410 STE 607 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (214) 383-8188 | Fax | (214) 383-8188 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JARED COLLETTE | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 06/09/2015 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (469) 549-7875 | Fax | (972) 956-8411 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 06/22/2016 | Owner Information |
| License # | 017670 | | | | | IMPARTING KNOWLEDGE HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 3481 |
| Medicare 1: | 679652 | | | | | MCKINNEY, TX 75070 |
| Medicare 2: | | | | | | |
| Phone | (972) 542-0300 | Fax | (972) 542-0313 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA OJEMAYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 01/20/2004 | <u>Owner Information</u> |
| License # | 008874 | | | | | JAKPA HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 401 MISTY LANE |
| Medicare 1: | 453196 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 222-3100 | Fax | (214) 222-3103 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OFIORITSE AGBONTAEN | | | |
| County | DENTON | Region | 03 | Date Licensed | 03/01/2000 | <u>Owner Information</u> |
| License # | 007292 | | | | | JOUETT RT ASSOCIATES INC |
| Lic Expire | 02/28/2019 | | | | | 314 W MAIN STREET |
| Medicare 1: | | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 315-1940 | Fax | (214) 722-1840 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ELISHEBA EVANS | | | |
| County | DENTON | Region | 03 | Date Licensed | 05/13/2015 | <u>Owner Information</u> |
| License # | 016951 | | | | | MACBON HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 1720 SOUTH EDMONDS LANE SUITE 14 |
| Medicare 1: | 673174 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 346-1965 | Fax | (214) 346-1980 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWRENCE GINIGEME | | | |
| County | DENTON | Region | 03 | Date Licensed | 05/25/2016 | <u>Owner Information</u> |
| License # | 017416 | | | | | MAGNIFICARE LLC |
| Lic Expire | 05/31/2018 | | | | | 1565 W MAINSTREET, STE 208 PMB 197 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 702-1995 | Fax | (469) 420-5004 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUELLA TABE | | | |
| County | DENTON | Region | 03 | Date Licensed | 09/24/2007 | <u>Owner Information</u> |
| License # | 011862 | | | | | MENAS HOME HEALTHCARE SOLUTIONS INC |
| Lic Expire | 09/30/2018 | | | | | 2005 IRONSIDE DR |
| Medicare 1: | 677878 | | | | | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 247-6641 | Fax | (972) 247-5373 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STELLA EKWUIFE ODIARI | | | |
| County | DENTON | Region | 03 | Date Licensed | 02/04/2014 | <u>Owner Information</u> |
| License # | 016014 | | | | | MUSTARD SEED HOME HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 1531 S HWY 121 APT 3422 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 274-9652 | Fax | (972) 956-8356 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SABINUS AMAECHI | | | |
| County | DENTON | Region | 03 | Date Licensed | 09/22/2009 | <u>Owner Information</u> |
| License # | 012869 | | | | | HARRIS HEALTHCARE INC |
| Lic Expire | 09/30/2019 | | | | | 522 S EDMONDS LANE SUITE 103 |
| Medicare 1: | 747503 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 420-0489 | Fax | (972) 353-0811 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JAY HARRIS | | | |
| County | DENTON | Region | 03 | Date Licensed | 05/02/2005 | <u>Owner Information</u> |
| License # | 009728 | | | | | DJ MONTGOMERY ENTERPRISE LLC |
| Lic Expire | 05/31/2019 | | | | | 860 HEBRON PARKWAY SUITE 703 |
| Medicare 1: | 677946 | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 459-9264 | Fax | (214) 764-9161 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA HENDERSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 10/05/2015 | Owner Information |
| License # | 017066 | | | | | R2R HEALTHCARE RAINBOW TO RAINBOW INCORPORATED |
| Lic Expire | 10/31/2019 | | | | | 860 HEBRON PARKWAY SUITE 203 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (972) 219-0020 | Fax | (972) 219-0019 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA C FRANCO | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 01/12/2016 | Owner Information |
| License # | 017220 | | | | | R2R PALLIATIVE AND HOSPICE CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 860 HEBRON PARKWAY SUITE 203, ROOM A |
| Medicare 1: | 741639 | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (972) 219-0020 | Fax | (972) 219-0019 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA FRANCO | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 03/31/2006 | Owner Information |
| License # | 010368 | | | | | REDEEM HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 1720 SOUTH EDMONDS LANE, SUITE #14B |
| Medicare 1: | 679569 | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (972) 221-9200 | Fax | (972) 221-9229 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY O GINIGEME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 10/01/2013 | Owner Information |
| License # | 016007 | | | | | RAHNT LLC |
| Lic Expire | 09/30/2019 | | | | | 614 S EDMONDS LANE SUITE 102 |
| Medicare 1: | | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (214) 383-0555 | Fax | (214) 383-0538 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE RANKINE | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 11/30/2004 | Owner Information |
| License # | 009725 | | | | | BETHESDA INCORPORATED |
| Lic Expire | 11/30/2019 | | | | | 860 HEBRON PARKWAY SUITE 501 |
| Medicare 1: | 453181 | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (972) 459-9999 | Fax | (972) 315-2065 | | | Services: |
| Type: | Parent Agency | Administrator | KEHINDE R AMOSUN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 01/06/2017 | Owner Information |
| License # | 017840 | | | | | CAPES HOME CARE INC. |
| Lic Expire | 01/31/2019 | | | | | PO BOX 306 |
| Medicare 1: | | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | |
| Phone | (469) 254-3925 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | BEVERLY CAPLES | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 08/18/2017 | Owner Information |
| License # | 018261 | | | | | DOROTHY'S GIRLS HOME CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 1013 ROADRUNNER DR |
| Medicare 1: | | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | |
| Phone | (972) 734-5996 | Fax | (972) 734-5996 | | | Services: |
| Type: | Parent Agency | Administrator | TAMMY L WALKER-BURNS | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 06/29/2016 | Owner Information |
| License # | 017490 | | | | | ELEMENTS OF LOVE PEDIATRICS HOME HEALTHCARE LLC |
| Lic Expire | 06/30/2018 | | | | | 2245 BRADFORD PEAR DR |
| Medicare 1: | | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | |
| Phone | (214) 624-8038 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | PENNY CAPRARU | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 07/15/2013 | Owner Information |
| License # | 015649 | | | | | RICIA ANN DANIELS |
| Lic Expire | 07/31/2019 | | | | | 2050 FM 423 # 3306 |
| Medicare 1: | | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 208-2111 | Fax | (469) 374-5423 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA HENDERSON | | | |
| County | DENTON | Region | 03 | Date Licensed | 12/09/2016 | Owner Information |
| License # | 017778 | | | | | NOBILITY SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 2465 MORNING DEW DRIVE |
| Medicare 1: | | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 231-2224 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMEDIONG GABRIEL | | | |
| County | DENTON | Region | 03 | Date Licensed | 04/27/2017 | Owner Information |
| License # | 018025 | | | | | RODNEY SAMVURA |
| Lic Expire | 04/30/2019 | | | | | 1408 ROSE BUD CT |
| Medicare 1: | | | | | | LITTLE ELM, TX 75068 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 235-3898 | Fax | (469) 715-6981 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RODNEY SAMVURA | | | |
| County | DENTON | Region | 03 | Date Licensed | 10/13/2017 | Owner Information |
| License # | 018377 | | | | | ARABELLA PALLIATIVE AND HOSPICE CARE, LLC |
| Lic Expire | 10/31/2019 | | | | | 3424 TEMPEST LANE |
| Medicare 1: | | | | | | OAK POINT, TX 75068 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 509-7805 | Fax | (214) 594-7462 | | | Hospice |
| Type: | Parent Agency | Administrator | JAMES ODIE | | | |
| County | DENTON | Region | 03 | Date Licensed | 11/28/2011 | Owner Information |
| License # | 014492 | | | | | SIMPLICITY HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 3404 APPROACH LN |
| Medicare 1: | 747868 | | | | | OAK POINT, TX 75068 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 362-9373 | Fax | (972) 408-0882 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAMBERT OGUH | | | |
| County | DENTON | Region | 03 | Date Licensed | 06/15/2017 | Owner Information |
| License # | 018151 | | | | | ABSOLUTELY ANGELS INC |
| Lic Expire | 06/30/2019 | | | | | 770 S HWY 377 STE 208 |
| Medicare 1: | 457848 | | | | | PILOT POINT, TX 76258 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 686-0324 | Fax | (877) 869-0097 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MANDY FAGLIE | | | |
| County | DENTON | Region | 03 | Date Licensed | 11/15/2016 | Owner Information |
| License # | 017938 | | | | | ACTIVE HOME CARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 246 N HIGHWAY 377 SUITE A |
| Medicare 1: | 679106 | | | | | PILOT POINT, TX 76258 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 686-4663 | Fax | (940) 686-0146 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHEN CIULLA | | | |
| County | DENTON | Region | 03 | Date Licensed | 08/29/2016 | Owner Information |
| License # | 017598 | | | | | CHILD CARE THERAPY. LLC |
| Lic Expire | 08/31/2018 | | | | | 1756 HALIFAX ST |
| Medicare 1: | | | | | | ROANOKE, TX 76262 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 993-8028 | Fax | (844) 269-9518 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KIM TONG | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | DENTON | Region | 03 | Date Licensed | 11/30/2015 | Owner Information |
| License # | 017275 | | | | | 24 HOUR QUALITY HOME HEALTHCARE LLC |
| Lic Expire | 11/30/2019 | | | | | 5200 PAIGE ROAD, STE#501 |
| Medicare 1: | 747745 | | | | | THE COLONY, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (972) 735-9394 | Fax | (972) 761-1906 | | | Services: |
| Type: | Parent Agency | Administrator | SMITHU RADHAKRISHNAN NAIR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011714 | | | | | ALLIANCE HOMEHEALTH CARE |
| Lic Expire | 11/30/2018 | | | | | 5205 AZTEC DRIVE |
| Medicare 1: | 747269 | | | | | THE COLONY, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (972) 325-4492 | Fax | (469) 384-9658 | | | Services: |
| Type: | Parent Agency | Administrator | CATHERINE KARIUKI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DENTON | Region | 03 | Date Licensed | 02/20/2015 | Owner Information |
| License # | 016652 | | | | | CARE ONE PERSONAL HEALTH SERVICES, INC. |
| Lic Expire | 02/28/2019 | | | | | 5200 PAIGE RD. SUITE #105 |
| Medicare 1: | | | | | | THE COLONY, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (940) 453-7145 | Fax | (432) 219-2005 | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL E ENRIQUEZ | | | Personal Assistance Services |
| County | DENTON | Region | 03 | Date Licensed | 02/01/2012 | Owner Information |
| License # | 014625 | | | | | COMFORT CARE HOSPICE INC |
| Lic Expire | 01/31/2018 | | | | | 5200 PAIGE RD STE 500 |
| Medicare 1: | 671754 | | | | | THE COLONY, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (888) 330-8483 | Fax | (866) 827-6094 | | | Services: |
| Type: | Parent Agency | Administrator | SAJITH NANDAKUMAR | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 01/25/2016 | Owner Information |
| License # | 017238 | | | | | CONCORD HOSPICE LLC |
| Lic Expire | 01/31/2020 | | | | | 3700 STANDRIDGE DRIVE, STE#108 |
| Medicare 1: | 741628 | | | | | THE COLONY, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (469) 906-2000 | Fax | (469) 906-2021 | | | Services: |
| Type: | Parent Agency | Administrator | ALVIN KRISHNAN-JAYASINGH | | | Hospice |
| County | DENTON | Region | 03 | Date Licensed | 01/31/2005 | Owner Information |
| License # | 009559 | | | | | V-CARE HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 5200 PAIGE RD STE 400 |
| Medicare 1: | 457957 | | | | | THE COLONY, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (214) 618-4784 | Fax | (214) 618-4794 | | | Services: |
| Type: | Parent Agency | Administrator | MALLIKA RADHAKRISHNAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | DEWITT | Region | 08 | Date Licensed | 11/19/1984 | Owner Information |
| License # | 001569 | | | | | DEWITT MEDICAL DISTRICT |
| Lic Expire | 11/30/2019 | | | | | 2550 NORTH ESPLANADE |
| Medicare 1: | 457696 | | | | | CUERO, TX 77954 |
| Medicare 2: | | | | | | |
| Phone | (361) 275-8999 | Fax | (361) 275-8970 | | | Services: |
| Type: | Parent Agency | Administrator | ELAINE M POST | | | Licensed and Certified Home Health Services |
| County | DEWITT | Region | 08 | Date Licensed | 09/15/1989 | Owner Information |
| License # | 001140 | | | | | DEWITT MEDICAL DISTRICT |
| Lic Expire | 09/30/2018 | | | | | 2550 NORTH ESPLANADE |
| Medicare 1: | | | | | | CUERO, TX 77954 |
| Medicare 2: | | | | | | |
| Phone | (361) 275-8999 | Fax | (361) 275-8970 | | | Services: |
| Type: | Parent Agency | Administrator | ELAINE M POST | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | DEWITT | Region | 08 | Date Licensed | 08/30/2017 | <u>Owner Information</u> |
| License # | 009343 | | | | | KINDSTAR INC |
| Lic Expire | 10/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 293-2378 | Fax | (361) 293-5965 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DEBBIE BRYSON | | | |
| County | DEWITT | Region | 08 | Date Licensed | 07/01/2006 | <u>Owner Information</u> |
| License # | 010681 | | | | | KINDSTAR INC |
| Lic Expire | 06/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 677112 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 293-2378 | Fax | (361) 293-5965 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REBECCA BECKY GARCIA | | | |
| County | DEWITT | Region | 08 | Date Licensed | 08/26/2004 | <u>Owner Information</u> |
| License # | 009272 | | | | | KINDSTAR INC |
| Lic Expire | 08/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | 451779 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 293-9099 | Fax | (361) 293-9098 | | | Hospice |
| Type: | Parent Agency | Administrator | JUDY CRETORS | | | |
| County | DEWITT | Region | 08 | Date Licensed | 05/26/2011 | <u>Owner Information</u> |
| License # | 009272 | | | | | KINDSTAR INC |
| Lic Expire | 08/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 576-9805 | Fax | (361) 485-0289 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JUDY CRETORS | | | |
| County | DEWITT | Region | 08 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | ADVANCED HOME HEALTH SERVICES |
| Lic Expire | | | | | | 612 W. GRAND AVE |
| Medicare 1: | | | | | | YOAKUM, TX 77995 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 293-5795 | Fax | (361) 293-5798 | | | |
| Type: | Parent Agency | Administrator | MICHAEL THIEL | | | |
| County | DEWITT | Region | 08 | Date Licensed | 08/06/2008 | <u>Owner Information</u> |
| License # | 012245 | | | | | FAITH NICHOLS |
| Lic Expire | 08/31/2018 | | | | | P O BOX 609 |
| Medicare 1: | 679671 | | | | | MOULTON, TX 77975 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 293-5795 | Fax | (361) 293-5798 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CARRIE RENKEN | | | |
| County | DEWITT | Region | 08 | Date Licensed | 09/01/2012 | <u>Owner Information</u> |
| License # | 015189 | | | | | SOUTHERN ASSURED HOME HEALTH LLC |
| Lic Expire | 08/31/2018 | | | | | P.O. BOX 822 |
| Medicare 1: | 67Q9667001 | | | | | YORKTOWN, TX 78164 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 649-4192 | Fax | (361) 564-2301 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | BARRY M WATSON | | | |
| County | DIMMIT | Region | 08 | Date Licensed | 07/21/2004 | <u>Owner Information</u> |
| License # | 007687 | | | | | SANDS CARE HEALTH SERVICES LC |
| Lic Expire | 07/31/2018 | | | | | 201 WEST HILLSIDE SUITE 8 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 876-2200 | Fax | (830) 876-2205 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | SCOTT EDWARD SANDS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | DONLEY | Region | 01 | Date Licensed | 01/01/2009 | <u>Owner Information</u> |
| License # | 012425 | | | | | B & H HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | P O BOX 220 |
| Medicare 1: | 457567 | | | | | CLARENDON, TX 79226 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 874-0042 | Fax | (806) 874-0049 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRENDA L JANUARY | | | |
| County | DUVAL | Region | 11 | Date Licensed | 07/03/2007 | <u>Owner Information</u> |
| License # | 011519 | | | | | MRNG INC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 568 |
| Medicare 1: | | | | | | BENAVIDES, TX 78341 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 994-7277 | Fax | (361) 994-7999 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IRMA P. GARZA | | | |
| County | DUVAL | Region | 11 | Date Licensed | 02/22/2017 | <u>Owner Information</u> |
| License # | 018051 | | | | | NSCL INC |
| Lic Expire | 02/28/2019 | | | | | 7917 MCPHERSON RD STE 210 |
| Medicare 1: | 67Q7735001 | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 256-4400 | Fax | (361) 256-4427 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HECTOR ALVARADO | | | |
| County | DUVAL | Region | 11 | Date Licensed | 11/14/2003 | <u>Owner Information</u> |
| License # | 008750 | | | | | SANTA FE HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | P O BOX 510 |
| Medicare 1: | 453121 | | | | | BENAVIDES, TX 78341 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 256-3980 | Fax | (361) 256-3981 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DIANE M VAUGHAN | | | |
| County | DUVAL | Region | 11 | Date Licensed | 12/29/2011 | <u>Owner Information</u> |
| License # | 014555 | | | | | HEALING HANDS & HEARTS HOME CARE LLC |
| Lic Expire | 12/31/2017 | | | | | P. O. BOX 4 |
| Medicare 1: | 747846 | | | | | FREER, TX 78357 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 394-1863 | Fax | (361) 394-1864 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CONNIE GARZA | | | |
| County | DUVAL | Region | 11 | Date Licensed | 06/22/2017 | <u>Owner Information</u> |
| License # | 018122 | | | | | MJ HEALTH SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | P O BOX 452 |
| Medicare 1: | | | | | | FREER, TX 78357 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 701-2056 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER HOLCOMB | | | |
| County | DUVAL | Region | 11 | Date Licensed | 05/09/2011 | <u>Owner Information</u> |
| License # | 014083 | | | | | HAVEN SKILLED SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 500 S DR EE DUNLAP ST SUITE A & B |
| Medicare 1: | 747748 | | | | | SAN DIEGO, TX 78384 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 279-7159 | Fax | (361) 279-7256 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER FEHRENKAMP | | | |
| County | DUVAL | Region | 11 | Date Licensed | 06/08/2013 | <u>Owner Information</u> |
| License # | 015760 | | | | | ONSITE NURSING SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 806 E GRAVIS |
| Medicare 1: | 747309 | | | | | SAN DIEGO, TX 78384 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 279-7722 | Fax | (361) 279-7721 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHELLEY ESTRADA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|-------------------|---------------|------------|--|
| County | DUVAL | Region | 11 | Date Licensed | 11/05/2015 | Owner Information |
| License # | 017120 | | | | | OUR HEALING HEART HOME CARE LLC |
| Lic Expire | 11/30/2017 | | | | | 204 W. SHAEFFER ST |
| Medicare 1: | | | | | | SAN DIEGO, TX 78384 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 209-5035 | Fax | (361) 209-5027 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LIZA BARRERA | | | |
| County | EASTLAND | Region | 02 | Date Licensed | 05/10/2013 | Owner Information |
| License # | 015688 | | | | | TRI STAR HOME CARE INC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 430 |
| Medicare 1: | 678140 | | | | | CISCO, TX 76437 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 442-4996 | Fax | (254) 442-2002 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PAMELA R MEADOR | | | |
| County | EASTLAND | Region | 02 | Date Licensed | 05/10/2013 | Owner Information |
| License # | 015686 | | | | | TRI STAR HOME CARE INC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 430 |
| Medicare 1: | | | | | | CISCO, TX 76437 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 442-4996 | Fax | (254) 442-2002 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAMELA R MEADOR | | | |
| County | EASTLAND | Region | 02 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 010716 | | | | | ENCOMPASS HOME HEALTH OF WEST TEXAS |
| Lic Expire | 05/31/2019 | | | | | 300 WEST MAIN STREET |
| Medicare 1: | 67Q9184004 | | | | | EASTLAND, TX 76448 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 629-8200 | Fax | (254) 629-8220 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KIM TRAWICK | | | |
| County | EASTLAND | Region | 02 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011731 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 457128 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 629-1268 | Fax | (254) 629-8698 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ROSA CERVANTEZ | | | |
| County | ECTOR | Region | 09 | Date Licensed | 10/09/2012 | Owner Information |
| License # | 012084 | | | | | KINDSTAR INC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 335-5699 | Fax | (432) 335-5668 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JENNIFER CHRISTIE | | | |
| County | ECTOR | Region | 09 | Date Licensed | 08/25/2017 | Owner Information |
| License # | 018280 | | | | | ALL PEOPLE HOSPICE AND HEALTH CARE, INC. |
| Lic Expire | 08/31/2019 | | | | | 1324 N COUNTY RD W |
| Medicare 1: | | | | | | ODESSA, TX 79763 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 653-5718 | Fax | (432) 385-7502 | | | Hospice |
| Type: | Parent Agency | Administrator | KIMBERLY YORK | | | |
| County | ECTOR | Region | 09 | Date Licensed | 12/14/2012 | Owner Information |
| License # | 001401 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 332-3177 | Fax | (432) 332-3184 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ROSAURA CLAY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | ECTOR | Region | 09 | Date Licensed | 08/16/2016 | Owner Information |
| License # | 017578 | | | | | COMPASSION SUPPORT LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 121356 |
| Medicare 1: | | | | | | FORT WORTH, TX 76121 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 276-2593 | Fax | (432) 225-1060 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DIANA RAY | | | |
| County | ECTOR | Region | 09 | Date Licensed | 08/25/2015 | Owner Information |
| License # | 016994 | | | | | CROSSLAND CARE INC |
| Lic Expire | 08/31/2019 | | | | | 2020 EAST 8TH STREET |
| Medicare 1: | | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 339-5555 | Fax | (432) 333-2020 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KELLY CROSSLAND | | | |
| County | ECTOR | Region | 09 | Date Licensed | 06/15/2001 | Owner Information |
| License # | 007652 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 06/30/2019 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 550-6900 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMANTHA BERNAL | | | |
| County | ECTOR | Region | 09 | Date Licensed | 06/25/2003 | Owner Information |
| License # | 008527 | | | | | EXN INC |
| Lic Expire | 06/30/2018 | | | | | 4700 E UNIVERSITY BLVD |
| Medicare 1: | 679327 | | | | | ODESSA, TX 79762 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 580-9393 | Fax | (432) 580-9394 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MYRA SALAZAR | | | |
| County | ECTOR | Region | 09 | Date Licensed | 03/04/2009 | Owner Information |
| License # | 011726 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 332-4025 | Fax | (432) 332-1640 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | LISA CUPPS | | | |
| County | ECTOR | Region | 09 | Date Licensed | 09/07/2017 | Owner Information |
| License # | 018301 | | | | | SASHA GALINDO |
| Lic Expire | 09/30/2019 | | | | | 4020 BOULDER AVE |
| Medicare 1: | | | | | | ODESSA, TX 79762 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 553-0409 | Fax | (432) 272-0492 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SASHA GALINDO | | | |
| County | ECTOR | Region | 09 | Date Licensed | 03/03/1995 | Owner Information |
| License # | 003840 | | | | | HOME HOSPICE OF ODESSA/MIDLAND LLC |
| Lic Expire | 03/31/2019 | | | | | 619 N GRANT AVE STE 120 |
| Medicare 1: | 451617 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 580-9990 | Fax | (432) 580-9989 | | | Hospice |
| Type: | Parent Agency | Administrator | AMY DRUMM | | | |
| County | ECTOR | Region | 09 | Date Licensed | 04/04/2008 | Owner Information |
| License # | 011956 | | | | | HOME HEALTHCARE NURSING LLC |
| Lic Expire | 04/30/2019 | | | | | 6010 E HWY 191 SUITE 235 |
| Medicare 1: | 747112 | | | | | ODESSA, TX 79762 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 617-8125 | Fax | (432) 550-7989 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ROSA TORRES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | ECTOR | Region | 09 | Date Licensed | 08/23/2017 | Owner Information |
| License # | 002022 | | | | | HOSPICE OF MIDLAND INC |
| Lic Expire | 11/30/2018 | | | | | 911 WEST TEXAS AVE |
| Medicare 1: | | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 653-1737 | Fax | (432) 653-1732 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DEBORAH GOODMAN | | | |
| County | ECTOR | Region | 09 | Date Licensed | 03/04/2013 | Owner Information |
| License # | 015410 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 03/31/2019 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMANTHA BERNAL | | | |
| County | ECTOR | Region | 09 | Date Licensed | 01/09/1995 | Owner Information |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 580-2000 | Fax | (432) 580-2032 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | ECTOR | Region | 09 | Date Licensed | 09/29/1983 | Owner Information |
| License # | 001383 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 4534 |
| Medicare 1: | 457528 | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 550-1700 | Fax | (432) 550-1714 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KITTY SCROGUM | | | |
| County | ECTOR | Region | 09 | Date Licensed | 02/23/2012 | Owner Information |
| License # | 014654 | | | | | NURSEX HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | 2525 N. GRANDVIEW AVENUE SUITE 400 |
| Medicare 1: | 747783 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 550-0268 | Fax | (432) 550-0193 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANGELIA L AWBREY | | | |
| County | ECTOR | Region | 09 | Date Licensed | 08/30/1996 | Owner Information |
| License # | 004878 | | | | | STAR CARE HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 620 NORTH GRANT SUITE 100 |
| Medicare 1: | 459081 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 580-7707 | Fax | (432) 580-7937 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAVI SHAKAMURI | | | |
| County | ECTOR | Region | 09 | Date Licensed | 09/14/2000 | Owner Information |
| License # | 007430 | | | | | STAR HOSPICE INC |
| Lic Expire | 09/30/2018 | | | | | 620 NORTH GRANT AVENUE SUITE 100 |
| Medicare 1: | 451701 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 580-7707 | Fax | (432) 580-7937 | | | Hospice |
| Type: | Parent Agency | Administrator | RAVI SHAKAMURI | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/07/2004 | Owner Information |
| License # | 009014 | | | | | COMMUNITY HEALTHCARE SERVICES |
| Lic Expire | 04/30/2019 | | | | | 1057 DONIPHAN PARK CIRCLE SUITE H |
| Medicare 1: | 457854 | | | | | EL PASO, TX 79922 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 587-9994 | Fax | (915) 833-0922 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA MAZIE KALU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | EL PASO | Region | 10 | Date Licensed | 04/18/2017 | Owner Information |
| License # | 018011 | | | | | TO THE MOON AND BACK PERSONAL CARE LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 793 |
| Medicare 1: | | | | | | CANUTILLO, TX 79835 |
| Medicare 2: | | | | | | |
| Phone | (915) 677-7320 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | LESLIE RODRIGUEZ | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 10/30/2014 | Owner Information |
| License # | 016508 | | | | | LONE STAR HOME HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 14425 N LOOP SPC K |
| Medicare 1: | | | | | | CLINT, TX 79836 |
| Medicare 2: | | | | | | |
| Phone | (915) 922-8538 | Fax | (915) 207-2000 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL GARCIA | | | Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 10/19/2004 | Owner Information |
| License # | 009359 | | | | | NEW MISSION HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 1424 |
| Medicare 1: | 457881 | | | | | SAN ELIZARIO, TX 79849 |
| Medicare 2: | | | | | | |
| Phone | (915) 851-9200 | Fax | (915) 851-9207 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA MORALES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 12/02/2016 | Owner Information |
| License # | 018208 | | | | | R & H HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | 1326 E. YANDELL DRIVE |
| Medicare 1: | 459477 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | |
| Phone | (915) 587-0074 | Fax | (915) 587-9803 | | | Services: |
| Type: | Parent Agency | Administrator | ERIC SALDIVAR | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 10/15/2009 | Owner Information |
| License # | 012899 | | | | | HILLRISE HOME MANAGEMENT LLC |
| Lic Expire | 10/31/2019 | | | | | 10662 VISTA DEL SOL DRIVE |
| Medicare 1: | 747491 | | | | | EL PASO, TX 79935 |
| Medicare 2: | 741606 | | | | | |
| Phone | (915) 855-9333 | Fax | (915) 855-9213 | | | Services: |
| Type: | Parent Agency | Administrator | LISA WENGER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 10/29/2013 | Owner Information |
| License # | 015837 | | | | | ABRAZO PAS LLC |
| Lic Expire | 10/31/2019 | | | | | 14140 DEATH VALLEY LANE |
| Medicare 1: | | | | | | EL PASO, TX 79938 |
| Medicare 2: | | | | | | |
| Phone | (915) 433-8946 | Fax | (915) 261-7341 | | | Services: |
| Type: | Parent Agency | Administrator | MIREYA ARAMBULA | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/10/2004 | Owner Information |
| License # | 009307 | | | | | ABSOLUTE HOME CARE OF EL PASO INC |
| Lic Expire | 09/30/2019 | | | | | 2211 EAST MISSOURI SUITE N200 |
| Medicare 1: | 673145 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | |
| Phone | (915) 838-8960 | Fax | (915) 838-7803 | | | Services: |
| Type: | Parent Agency | Administrator | EVELYN SANCHEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/16/2013 | Owner Information |
| License # | 015717 | | | | | ABUNDANT LIVING HOME HEALTH LLC |
| Lic Expire | 08/31/2019 | | | | | 3701 SACRAMENTO AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79930 |
| Medicare 2: | | | | | | |
| Phone | (915) 564-0168 | Fax | (210) 714-0168 | | | Services: |
| Type: | Parent Agency | Administrator | MIGUEL VILLANUEVA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 06/03/2015 | <u>Owner Information</u> |
| License # | 016836 | | | | | ACASA PERSONAL IN-HOME CARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 3802 DYER STREET SUITE B |
| Medicare 1: | | | | | | EL PASO, TX 79930 |
| Medicare 2: | | | | | | |
| Phone | (915) 383-3462 | Fax | (915) 975-8184 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA URIBE | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/13/2015 | <u>Owner Information</u> |
| License # | 016967 | | | | | CARING MEDICAL EQUIPMENT LLC |
| Lic Expire | 08/31/2019 | | | | | 9924 DYER STREET |
| Medicare 1: | | | | | | EL PASO, TX 79924 |
| Medicare 2: | | | | | | |
| Phone | (915) 757-0127 | Fax | (915) 757-0334 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIAN DURAN | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/14/2011 | <u>Owner Information</u> |
| License # | 014344 | | | | | ACTIONCARE REHABILITATION CENTER LLC |
| Lic Expire | 09/30/2019 | | | | | 10450 BRIAN MOONEY AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | |
| Phone | (915) 598-6616 | Fax | (915) 598-6651 | | | Services: |
| Type: | Parent Agency | Administrator | WAYNE D MARROTT | | | Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 02/02/2015 | <u>Owner Information</u> |
| License # | 016714 | | | | | PUEBLO DE SALUD HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | P O BOX 26704 |
| Medicare 1: | 747023 | | | | | EL PASO, TX 79926 |
| Medicare 2: | | | | | | |
| Phone | (915) 590-3330 | Fax | (915) 594-8245 | | | Services: |
| Type: | Parent Agency | Administrator | MAYRA ERENDIRA GAONA | | | Licensed and Certified Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 06/25/2012 | <u>Owner Information</u> |
| License # | 014946 | | | | | AFFINITY PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 1800 HUGH ROYER PLACE |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 603-0060 | Fax | (915) 633-9444 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA URBAN-CHAVEZ | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/30/2014 | <u>Owner Information</u> |
| License # | 016454 | | | | | ALEGRE PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 11964 CROWN ROYAL |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 307-2478 | Fax | (915) 990-2013 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA ORNELAS | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/15/2016 | <u>Owner Information</u> |
| License # | 017666 | | | | | ALIANZA PERSONAL CARE INC |
| Lic Expire | 08/31/2018 | | | | | 10921 PELLICANO DR SUITE 115 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | |
| Phone | (915) 599-9856 | Fax | (915) 591-9876 | | | Services: |
| Type: | Parent Agency | Administrator | ENEDINA CORTEZ | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/02/2013 | <u>Owner Information</u> |
| License # | 015459 | | | | | ALIGN HOME HEALTH LLC |
| Lic Expire | 04/30/2019 | | | | | 5655 STAR VIEW DRIVE |
| Medicare 1: | 747958 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 307-4311 | Fax | (915) 307-4313 | | | Services: |
| Type: | Parent Agency | Administrator | LETICIA NEIMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 08/30/2012 | Owner Information |
| License # | 015041 | | | | | ALLEGIANCE PERSONAL ASSISTANCE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 2501 WYOMING AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 545-2727 | Fax | (915) 545-2728 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GERAL MENDOZA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/03/2016 | Owner Information |
| License # | 017706 | | | | | CRN INC. |
| Lic Expire | 08/31/2018 | | | | | 3737 N MESA STE A |
| Medicare 1: | 679180 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 533-7100 | Fax | (915) 533-7110 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | CARMEN REYES NAIFEH | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/25/2009 | Owner Information |
| License # | 012831 | | | | | ALTA VISTA COMMUNITY CARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 1611 NORTH MESA STREET |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 594-0098 | Fax | (915) 594-0082 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEFINA ORTIZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/27/2002 | Owner Information |
| License # | 008592 | | | | | ALTOMAR HOME HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 3214 E YANDELL DRIVE |
| Medicare 1: | 459478 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 845-2211 | Fax | (915) 845-0499 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZA SYLVIA MARTINEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/13/1993 | Owner Information |
| License # | 001518 | | | | | ALWAYS CARING HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 4171 N MESA BLDG D SUITE 400 |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 532-5742 | Fax | (915) 543-7999 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAGDALENE M ULLRICH-ALLEN | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/13/1993 | Owner Information |
| License # | 002599 | | | | | ALWAYS CARING HOME CARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 4171 N MESA BLDG D SUITE 400A |
| Medicare 1: | 677665 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 545-4663 | Fax | (915) 545-4697 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAGDALENE M ULLRICH-ALLEN | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/28/2009 | Owner Information |
| License # | 012911 | | | | | HORIZON HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 3727 MONTANA AVENUE |
| Medicare 1: | 459132 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 585-4553 | Fax | (915) 585-4565 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GLORIA NARES | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/20/2009 | Owner Information |
| License # | 012797 | | | | | GRT INC |
| Lic Expire | 08/31/2019 | | | | | 3727 MONTANA |
| Medicare 1: | | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 533-0262 | Fax | (915) 533-0367 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORMA RODRIGUEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 05/27/2015 | Owner Information |
| License # | 016822 | | | | | AM HOSPICE INC |
| Lic Expire | 05/31/2019 | | | | | 3727 MONTANA AVENUE |
| Medicare 1: | 741586 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | |
| Phone | (915) 585-4553 | Fax | (915) 585-4565 | | | Services: |
| Type: | Parent Agency | Administrator | NORMA RODRIGUEZ | | | Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 01/26/2007 | Owner Information |
| License # | 011021 | | | | | AMAZING GRACE SYSTEMS HOMEHEALTH LLC |
| Lic Expire | 01/31/2018 | | | | | 921 LAS AVES PL |
| Medicare 1: | 747183 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 587-4968 | Fax | (915) 581-0170 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL A OYETUNDE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/26/2014 | Owner Information |
| License # | 016448 | | | | | AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC |
| Lic Expire | 09/30/2018 | | | | | 469 EMERALD BLUFF |
| Medicare 1: | | | | | | EL PASO, TX 79928 |
| Medicare 2: | | | | | | |
| Phone | (915) 496-3083 | Fax | (866) 200-2812 | | | Services: |
| Type: | Parent Agency | Administrator | SHAHBAA ZAIDAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 017568 | | | | | JUAN MARCELO GONZALEZ JR |
| Lic Expire | 08/31/2018 | | | | | 1413 DAVID RAY WAY |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 474-6480 | Fax | (915) 249-6098 | | | Services: |
| Type: | Parent Agency | Administrator | JUAN MARCELO GONZALEZ JR | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 10/07/2009 | Owner Information |
| License # | 012894 | | | | | AMOR PERSONAL ASSISTANCE SERVICE INC |
| Lic Expire | 10/31/2019 | | | | | 1220 MONTANA AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | |
| Phone | (915) 351-2004 | Fax | (915) 351-3718 | | | Services: |
| Type: | Parent Agency | Administrator | ALICIA GOMEZ | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018381 | | | | | AMERICAN HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 5939 GATEWAY WEST SUITE A |
| Medicare 1: | 747649 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 562-3334 | Fax | (915) 562-3336 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA BEATRIZ REYES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 07/11/2017 | Owner Information |
| License # | 018153 | | | | | VIALSOMA, LLC |
| Lic Expire | 07/31/2019 | | | | | 280 YSLETA LN |
| Medicare 1: | | | | | | EL PASO, TX 79907 |
| Medicare 2: | | | | | | |
| Phone | (915) 422-8142 | Fax | (915) 790-0026 | | | Services: |
| Type: | Parent Agency | Administrator | DORA ROMAN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 07/02/2007 | <u>Owner Information</u> |
| License # | 011447 | | | | | GLOMAR GROUP INC |
| Lic Expire | 07/31/2018 | | | | | 10921 PELLICANO DR SUITE 116 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 633-1365 | Fax | (915) 633-1251 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLORIA NAVA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/17/2013 | <u>Owner Information</u> |
| License # | 015320 | | | | | ANGELES DE EL PASO HOME HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | 504 DE VARGAS |
| Medicare 1: | | | | | | EL PASO, TX 79905 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 613-6808 | Fax | (915) 881-8651 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN F PEREZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 03/19/2012 | <u>Owner Information</u> |
| License # | 014695 | | | | | ANGELS 2 YOU LLC |
| Lic Expire | 03/31/2018 | | | | | 7380 REMCON SUITE #E |
| Medicare 1: | 747872 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 581-0909 | Fax | (915) 581-8907 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LACY E NEWBERRY | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/03/2011 | <u>Owner Information</u> |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 832-0517 | Fax | (903) 832-0507 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 09/13/2011 | <u>Owner Information</u> |
| License # | 014398 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 778-6010 | Fax | (956) 778-6553 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOVIE CANTU | | | |
| County | EL PASO | Region | 10 | Date Licensed | 12/01/2016 | <u>Owner Information</u> |
| License # | 017902 | | | | | ARMONIA HOME HEALTH CARE AGENCY LLC |
| Lic Expire | 11/30/2018 | | | | | 5732 NORTH MESA |
| Medicare 1: | 747647 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 584-5272 | Fax | (915) 219-9035 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | OLGA RODRIGUEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/03/2017 | <u>Owner Information</u> |
| License # | 018219 | | | | | ASHLEY HOME HEALTH AGENCY LLC |
| Lic Expire | 08/31/2019 | | | | | 10921 PELLICANO #128 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 502-7613 | Fax | (915) 613-2689 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARACELY BENITEZ GARCIA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/26/2015 | <u>Owner Information</u> |
| License # | 016660 | | | | | GARRUF LLC |
| Lic Expire | 02/28/2019 | | | | | 10921 PELLICANO SUITE #112 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 860-7303 | Fax | (915) 975-8415 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA GARCIA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|---|
| County | EL PASO | Region | 10 | Date Licensed | 06/13/2013 | <u>Owner Information</u> |
| License # | 015690 | | | | | ASTI HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 26948 |
| Medicare 1: | | | | | | EL PASO, TX 79926 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 592-2784 | Fax | (915) 592-2787 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SIXTO G. GOMEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 05/04/2007 | <u>Owner Information</u> |
| License # | 011311 | | | | | AVIDA HEALTH CARE INC |
| Lic Expire | 05/31/2018 | | | | | 2211 E MISSOURI STE W-101 |
| Medicare 1: | 747056 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 532-8432 | Fax | (915) 351-8432 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELSA ELIZABETH VELAZQUEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/27/2011 | <u>Owner Information</u> |
| License # | 014487 | | | | | AYUDA HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 1515 CESSNA SUITE 201 |
| Medicare 1: | 747047 | | | | | EL PASO, TX 79925 |
| Medicare 2: | 741584 | | | | | Services: |
| Phone | (915) 231-9494 | Fax | (915) 231-9489 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | EDWING A MARTINEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/06/2017 | <u>Owner Information</u> |
| License # | 018094 | | | | | BELLA PROVIDERS LLC |
| Lic Expire | 06/30/2019 | | | | | 1155 WESTMORELAND SUITE 223 |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 598-8602 | Fax | (915) 598-5493 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CLAUDIA A. DELFIN | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/17/2016 | <u>Owner Information</u> |
| License # | 017581 | | | | | BEST OUTCOMES HOME HEALTH LLC |
| Lic Expire | 08/31/2018 | | | | | 2150 TRAWOOD STE B160 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 599-9062 | Fax | (915) 599-9066 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARCO CARZOLI | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/28/2005 | <u>Owner Information</u> |
| License # | 010205 | | | | | BIENESTAR HOME HEALTH SERVICES |
| Lic Expire | 07/31/2018 | | | | | 3117 MCRAE AVENUE # A |
| Medicare 1: | 457960 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 599-0242 | Fax | (915) 599-0243 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EVANGELINA GONZALEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/16/1996 | <u>Owner Information</u> |
| License # | 004250 | | | | | BIENVIVIR SENIOR HEALTH SERVICES |
| Lic Expire | 02/28/2019 | | | | | 2300 MCKINLEY |
| Medicare 1: | | | | | | EL PASO, TX 79930 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 599-6032 | Fax | (915) 875-8806 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOE PABON | | | |
| County | EL PASO | Region | 10 | Date Licensed | 05/04/2007 | <u>Owner Information</u> |
| License # | 011309 | | | | | BUEN PASTOR HOME HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 1463 GREG POWERS DR |
| Medicare 1: | 747260 | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 599-0201 | Fax | (915) 599-0092 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADRIANA TERRAZAS-GREEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 01/13/2011 | Owner Information |
| License # | 014046 | | | | | SANTA TERESA PROVIDER ASSISTED SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 6713 VISCOUNT ST SUITE A |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 217-8307 | Fax | (915) 219-8271 | | | Services: |
| Type: | Parent Agency | Administrator | ENGRACIA DEL ROCIO VAZQUEZ | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/24/2015 | Owner Information |
| License # | 016764 | | | | | CAMINO HOSPICE CORPORATION |
| Lic Expire | 04/30/2019 | | | | | 7806 GATEWAY BLVD. E. STE #100 |
| Medicare 1: | 741603 | | | | | EL PASO, TX 79905 |
| Medicare 2: | | | | | | |
| Phone | (915) 313-4720 | Fax | (915) 313-4277 | | | Services: |
| Type: | Parent Agency | Administrator | ANTONIO J MAGANA | | | Personal Assistance Services, Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 10/22/1991 | Owner Information |
| License # | 002251 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | 457384 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (915) 598-6522 | Fax | (915) 598-7069 | | | Services: |
| Type: | Parent Agency | Administrator | OLYMPIA SAN ROMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 11/17/1998 | Owner Information |
| License # | 006718 | | | | | IRENE TRUJILLO |
| Lic Expire | 11/30/2018 | | | | | 12215 CHISHOM PASS |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 772-8401 | Fax | (915) 772-8402 | | | Services: |
| Type: | Parent Agency | Administrator | IRENE TRUJILLO | | | Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/13/2003 | Owner Information |
| License # | 008589 | | | | | CARE QUALITY OF EL PASO LLC |
| Lic Expire | 08/31/2018 | | | | | 1155 WESTMORELAND SUITE 223 |
| Medicare 1: | 679378 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 598-8602 | Fax | (915) 598-5493 | | | Services: |
| Type: | Parent Agency | Administrator | CLAUDIA DELFIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/30/2016 | Owner Information |
| License # | 017659 | | | | | CAREGIVERS OF EL PASO LLC |
| Lic Expire | 09/30/2018 | | | | | 12194 CORAL GATE DR |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 999-6134 | Fax | (915) 859-4532 | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS FRIAS | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/09/2013 | Owner Information |
| License # | 015469 | | | | | AMIEL LLC |
| Lic Expire | 04/30/2019 | | | | | 4050 RIO BRAVO, SUITE 121 |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | |
| Phone | (915) 307-6103 | Fax | (915) 307-6105 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELICA A MINJAREZ | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 02/03/2016 | Owner Information |
| License # | 017253 | | | | | CARING HEARTS OF EL PASO HOME CARE LLC |
| Lic Expire | 02/29/2020 | | | | | 4997 BALLINGER DRIVE |
| Medicare 1: | | | | | | EL PASO, TX 79924 |
| Medicare 2: | | | | | | |
| Phone | (915) 307-5044 | Fax | (915) 307-3927 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 04/06/2016 | Owner Information |
| License # | 017339 | | | | | COMPASSION SUPPORT LLC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 121356 |
| Medicare 1: | | | | | | FORT WORTH, TX 76121 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 345-4122 | Fax | (915) 242-4590 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRECILLIA GALVAN | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/10/2005 | Owner Information |
| License # | 010033 | | | | | DESERT MOUNTAIN LLC |
| Lic Expire | 10/31/2019 | | | | | 5959 GATEWAY WEST SUITE 301 |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 843-1119 | Fax | (866) 546-5291 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA KLAES | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/01/2014 | Owner Information |
| License # | 016456 | | | | | CELESTIAL PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 2100 NOVIEMBRE |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 260-9261 | Fax | (915) 881-4082 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MIRNA YOLANDA DIAZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/01/2017 | Owner Information |
| License # | 018495 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 09/30/2019 | | | | | 4800 W 57TH ST |
| Medicare 1: | 679092 | | | | | SIOUX FALLS, SD |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 544-0044 | Fax | (915) 544-1888 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DOMINGO ECHANIZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/11/2017 | Owner Information |
| License # | 018567 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 10/31/2019 | | | | | 4800 W 57TH ST |
| Medicare 1: | 671666 | | | | | SIOUX FALLS, SD |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 533-0999 | Fax | (915) 533-0997 | | | Hospice |
| Type: | Parent Agency | Administrator | VERONICA WALTERS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/09/2006 | Owner Information |
| License # | 010500 | | | | | CIMA HOSPICE OF EL PASO LP |
| Lic Expire | 06/30/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 671556 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 778-1222 | Fax | (915) 778-1666 | | | Hospice |
| Type: | Parent Agency | Administrator | MICHELE ABOUD | | | |
| County | EL PASO | Region | 10 | Date Licensed | 09/21/2015 | Owner Information |
| License # | 015904 | | | | | CTW HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 4553 N LOOP 1604 W STE#1119 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-4317 | Fax | (855) 295-2129 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CHARLOTTE CHANDLER | | | |
| County | EL PASO | Region | 10 | Date Licensed | 09/30/2005 | Owner Information |
| License # | 010376 | | | | | CLOUDVIEW HOME HEALTH AGENCY INC |
| Lic Expire | 09/30/2018 | | | | | 5950 ALAMEDA AVENUE |
| Medicare 1: | 453140 | | | | | EL PASO, TX 79905 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 564-0323 | Fax | (915) 564-0865 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DELIA H HUERTA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|---|
| County | EL PASO | Region | 10 | Date Licensed | 01/01/2015 | <u>Owner Information</u> |
| License # | 016653 | | | | | HSTA INC |
| Lic Expire | 12/31/2018 | | | | | 5927 GATEWAY WEST SUITE A |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 842-8195 | Fax | (915) 534-7738 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERESA L TODD | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/06/1995 | <u>Owner Information</u> |
| License # | 003656 | | | | | CORAM ALTERNATE SITE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | ONE CVS DRIVE, MC #1160 |
| Medicare 1: | | | | | | WOONSOCKET, RI 02895 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 833-0140 | Fax | (915) 833-2116 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MITCHELL WATTS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/12/2013 | <u>Owner Information</u> |
| License # | 013952 | | | | | CKC HOLDINGS LLC |
| Lic Expire | 03/31/2019 | | | | | 1000 W CROSBY LANE SUITE 136 |
| Medicare 1: | | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 237-0100 | Fax | (972) 237-0101 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CRAIG D PORTER | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/28/1997 | <u>Owner Information</u> |
| License # | 005897 | | | | | CUIDADO CASERO HOME HEALTH OF EL PASO INC |
| Lic Expire | 07/31/2018 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 671618 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | 459419 | | | | | Services: |
| Phone | (915) 772-7177 | Fax | (915) 772-6447 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MELISSA AVILA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/19/2015 | <u>Owner Information</u> |
| License # | 016979 | | | | | DE SOL A LUNA HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 3157 ROYAL JEWEL STREET |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 541-5984 | Fax | (915) 500-5657 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ZENIA CHAVEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/11/2014 | <u>Owner Information</u> |
| License # | 016442 | | | | | DN & A LLC |
| Lic Expire | 06/30/2018 | | | | | 10940 MONTANA |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 595-2626 | Fax | (915) 595-2031 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RHIANNON JIMENEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 12/27/2011 | <u>Owner Information</u> |
| License # | 014551 | | | | | CANINE FRIENDLY COALITION INC |
| Lic Expire | 12/31/2019 | | | | | 7104 WESTOVER DRIVE |
| Medicare 1: | 747761 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 566-0999 | Fax | (915) 566-0984 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERTO HERRERA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 03/01/2001 | <u>Owner Information</u> |
| License # | 007769 | | | | | AXIS HOME HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | 71 CAMILLE DRIVE |
| Medicare 1: | 678115 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 532-6064 | Fax | (915) 532-6618 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | CYNTHIA ESTRADA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 06/30/2010 | Owner Information |
| License # | 013429 | | | | | MALOU HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 973095 |
| Medicare 1: | 747912 | | | | | EL PASO, TX 79997 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 500-5159 | Fax | (915) 594-2945 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JESUS RODRIGUEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/09/2002 | Owner Information |
| License # | 008033 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 07/31/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 774-8787 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WHITNEY HRADEK | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/27/2005 | Owner Information |
| License # | 010080 | | | | | EL PASO COMMUNITY HOME HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 901 ZINN RD |
| Medicare 1: | 679519 | | | | | EL PASO, TX 79835 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 591-6700 | Fax | (915) 591-6706 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LYNDA VILLA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/06/1993 | Owner Information |
| License # | 002585 | | | | | EL PASO DEL NORTE HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2018 | | | | | 1800 EAST CLIFF DRIVE |
| Medicare 1: | 677689 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 534-7521 | Fax | (915) 356-7033 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | RALPH CENA III | | | |
| County | EL PASO | Region | 10 | Date Licensed | 05/26/2015 | Owner Information |
| License # | 016819 | | | | | ELITE ELDERLY CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 1519 MONTANA AVE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 838-7200 | Fax | (915) 838-7201 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAULINE PRINCE | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/27/2007 | Owner Information |
| License # | 011472 | | | | | WELLMARK HEALTHCARE SERVICES OF EL PASO INC |
| Lic Expire | 04/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 458314 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 845-3300 | Fax | (915) 845-3661 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PATRICK CRAIG | | | |
| County | EL PASO | Region | 10 | Date Licensed | 05/09/2007 | Owner Information |
| License # | 011321 | | | | | SUN CITY ENVISION HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 8929 VISCOUNT UPPER LEVEL |
| Medicare 1: | 743117 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 778-0028 | Fax | (915) 778-0013 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JUAN R CARMONA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/01/2007 | Owner Information |
| License # | 011079 | | | | | SUN CITY ENVISION HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 8929 VISCOUNT UPPER LEVEL |
| Medicare 1: | 671500 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 778-0028 | Fax | (915) 778-0013 | | | Hospice |
| Type: | Parent Agency | Administrator | JUAN R CARMONA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 08/31/2011 | <u>Owner Information</u> |
| License # | 014313 | | | | | ENVISION PERSONAL CARE INC |
| Lic Expire | 08/31/2019 | | | | | 8929 VISCOUNT #B |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 779-2011 | Fax | (915) 779-2225 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUAN R CARMONA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/27/2013 | <u>Owner Information</u> |
| License # | 014797 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 838-7604 | Fax | (915) 772-4633 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | VANESSA GALINDO | | | |
| County | EL PASO | Region | 10 | Date Licensed | 03/07/2012 | <u>Owner Information</u> |
| License # | 014797 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 629-9260 | Fax | (915) 629-9785 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANESSA GALINDO | | | |
| County | EL PASO | Region | 10 | Date Licensed | 09/26/2005 | <u>Owner Information</u> |
| License # | 009985 | | | | | EVANGEL HEALTHCARE CHARITIES INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 35447 |
| Medicare 1: | 679524 | | | | | HOUSTON, TX 77235 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 351-1790 | Fax | (915) 351-1924 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRUNILDA LEWIS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/07/2006 | <u>Owner Information</u> |
| License # | 010664 | | | | | EL PASO HELPING HANDS LLC |
| Lic Expire | 08/31/2019 | | | | | 611 N VIRGINIA |
| Medicare 1: | 747261 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 351-0114 | Fax | (915) 351-6629 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NORMA CERVERA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/14/2008 | <u>Owner Information</u> |
| License # | 010426 | | | | | GABLINK INC |
| Lic Expire | 01/31/2019 | | | | | 7457 HARWIN DRIVE, SUITE #102 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 751-3500 | Fax | (915) 751-3503 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | ARLENE QUIJADA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/29/2009 | <u>Owner Information</u> |
| License # | 011757 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 782-8900 | Fax | (915) 774-0439 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | GLORIA CRAWFORD | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/29/2005 | <u>Owner Information</u> |
| License # | 009845 | | | | | ADL CARE AT HOME INC |
| Lic Expire | 06/30/2018 | | | | | 1817 WYOMING AVE |
| Medicare 1: | 671519 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 543-6060 | Fax | (915) 543-9350 | | | Hospice |
| Type: | Parent Agency | Administrator | ELIZABETH MARRERO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 06/05/2012 | Owner Information |
| License # | 009845 | | | | | ADL CARE AT HOME INC |
| Lic Expire | 06/30/2018 | | | | | 1817 WYOMING AVE |
| Medicare 1: | 671519 | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | |
| Phone | (915) 543-6060 | Fax | (915) 543-9350 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ELIZABETH MARRERO | | | Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 08/10/2010 | Owner Information |
| License # | 013522 | | | | | GRACE PERSONAL ASSISTANCE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 6006 NORTH MESA STREET SUITE #511 |
| Medicare 1: | | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 842-0581 | Fax | (915) 842-0580 | | | Services: |
| Type: | Parent Agency | Administrator | HECTOR OMAR TORRES | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 01/15/2013 | Owner Information |
| License # | 015398 | | | | | EL PASO NURSING SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 4141 PINNACLE ST, SUITE #209 |
| Medicare 1: | 679034 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | |
| Phone | (915) 546-2311 | Fax | (915) 534-7874 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONY SCOTT HERI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 11/07/2017 | Owner Information |
| License # | 018430 | | | | | GREEN MOUNTAIN HOSPICE LLC |
| Lic Expire | 11/30/2019 | | | | | 6524 ROYAL RIDGE DRIVE |
| Medicare 1: | | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 500-4883 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA CREW | | | Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 09/06/2007 | Owner Information |
| License # | 011677 | | | | | DEL NORTE HOMECARE LC |
| Lic Expire | 09/30/2019 | | | | | 1537 N. ZARAGOZA RD SUITE 2A |
| Medicare 1: | 677523 | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 594-1116 | Fax | (915) 849-7825 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET IKE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 12/12/2012 | Owner Information |
| License # | 015262 | | | | | TS CARLSON HOME HEALTH LP |
| Lic Expire | 12/31/2018 | | | | | 6800 GATEWAY BLVD E BLDG 4A |
| Medicare 1: | | | | | | EL PASO, TX 79915 |
| Medicare 2: | | | | | | |
| Phone | (915) 779-7827 | Fax | (915) 779-7829 | | | Services: |
| Type: | Parent Agency | Administrator | STACI L CARLSON | | | Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 05/27/2014 | Owner Information |
| License # | 016230 | | | | | HEAVENLY HEALING HOME HEALTH LLC |
| Lic Expire | 05/31/2018 | | | | | 8122 TIGUA CIRCLE |
| Medicare 1: | 747967 | | | | | EL PASO, TX 79907 |
| Medicare 2: | | | | | | |
| Phone | (915) 500-5845 | Fax | (915) 975-8225 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARITA ORTEGA | | | Licensed and Certified Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 12/11/2007 | Owner Information |
| License # | 011759 | | | | | HOLISTIC CARE HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2019 | | | | | 11351 JAMES WATT DR. SUITE #B |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 855-2627 | Fax | (915) 857-7383 | | | Services: |
| Type: | Parent Agency | Administrator | MARIZA FIERRO-CALDERON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 08/25/1999 | <u>Owner Information</u> |
| License # | 007099 | | | | | MMM HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | 1160 AIRWAY BLVD SUITE B6 |
| Medicare 1: | 459485 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 757-1373 | Fax | (915) 779-9814 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARY MARGARET MARSHALL | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/28/2015 | <u>Owner Information</u> |
| License # | 017003 | | | | | SENIOR STEWARDS INC |
| Lic Expire | 08/31/2019 | | | | | 230 THUNDERBIRD DRIVE SUITE G |
| Medicare 1: | | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 584-5678 | Fax | (915) 584-5757 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMUEL PATTON | | | |
| County | EL PASO | Region | 10 | Date Licensed | 08/29/2013 | <u>Owner Information</u> |
| License # | 016064 | | | | | HOME SWEET HOME UNLIMITED INC |
| Lic Expire | 08/31/2019 | | | | | 2204 JOE BATTLE BLVD SUITE C106 |
| Medicare 1: | 743172 | | | | | EL PASO, TX 79938 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 857-4081 | Fax | (915) 857-2893 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ALLEN WADJA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/17/2017 | <u>Owner Information</u> |
| License # | 017971 | | | | | HEMOCARE DIMENSIONS INC |
| Lic Expire | 02/28/2019 | | | | | 12500 NETWORK BLVD SUITE 210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 626-5159 | Fax | (915) 626-5045 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KATHIE MASTEN | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/02/2009 | <u>Owner Information</u> |
| License # | 012684 | | | | | DHARMA HOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 640726 |
| Medicare 1: | | | | | | EL PASO, TX 79904 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 629-2079 | Fax | (915) 755-7191 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY MARTINEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/06/2011 | <u>Owner Information</u> |
| License # | 014012 | | | | | HONOR PERSONAL HOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 1014 MONTANA AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 222-8318 | Fax | (915) 222-8567 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESUS GONZALEZ JR | | | |
| County | EL PASO | Region | 10 | Date Licensed | 12/08/2016 | <u>Owner Information</u> |
| License # | 017775 | | | | | HOSPICE DEL NORTE LLC |
| Lic Expire | 12/31/2018 | | | | | 9533 DYER ST |
| Medicare 1: | | | | | | EL PASO, TX 79924 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 487-9990 | Fax | (800) 853-2204 | | | Hospice |
| Type: | Parent Agency | Administrator | ANA MORADO | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/08/1984 | <u>Owner Information</u> |
| License # | 003133 | | | | | HOSPICE OF EL PASO INC |
| Lic Expire | 06/30/2018 | | | | | 1440 MIRACLE WAY |
| Medicare 1: | 451505 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 532-5699 | Fax | (915) 532-7822 | | | Hospice |
| Type: | Parent Agency | Administrator | JAMES E PAUL JR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|---|
| County | EL PASO | Region | 10 | Date Licensed | 07/05/2011 | <u>Owner Information</u> |
| License # | 003133 | | | | | HOSPICE OF EL PASO INC |
| Lic Expire | 06/30/2018 | | | | | 1440 MIRACLE WAY |
| Medicare 1: | 451505 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 532-5699 | Fax | (915) 532-7822 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JAMES E PAUL JR | | | Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 04/11/2002 | <u>Owner Information</u> |
| License # | 007904 | | | | | INHOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 808 W INDIANA |
| Medicare 1: | 679359 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | |
| Phone | (915) 591-0056 | Fax | (915) 591-1873 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL E WATERS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 07/14/1999 | <u>Owner Information</u> |
| License # | 007056 | | | | | INHOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 808 W INDIANA |
| Medicare 1: | | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | |
| Phone | (915) 591-0056 | Fax | (915) 591-1873 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL EARL WATERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 02/03/2015 | <u>Owner Information</u> |
| License # | 016631 | | | | | JMJ HOME HEALTH CARE |
| Lic Expire | 02/28/2019 | | | | | 408 EMERALD TRAIL WAY |
| Medicare 1: | | | | | | EL PASO, TX 79928 |
| Medicare 2: | | | | | | |
| Phone | (915) 269-4362 | Fax | (877) 392-8829 | | | Services: |
| Type: | Parent Agency | Administrator | MARIO VILLA III | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/10/2017 | <u>Owner Information</u> |
| License # | 018250 | | | | | VIATUS INC |
| Lic Expire | 08/31/2019 | | | | | 5 VIA PLACITA |
| Medicare 1: | | | | | | EL PASO, TX 79927 |
| Medicare 2: | | | | | | |
| Phone | (915) 774-0347 | Fax | (915) 774-0466 | | | Services: |
| Type: | Parent Agency | Administrator | ISMAEL LEOS | | | Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/16/2010 | <u>Owner Information</u> |
| License # | 013253 | | | | | JUST CARE HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | 4242 HONDO PASS DR, SUITE 101 |
| Medicare 1: | 747596 | | | | | EL PASO, TX 79904 |
| Medicare 2: | | | | | | |
| Phone | (915) 591-2800 | Fax | (915) 591-2801 | | | Services: |
| Type: | Parent Agency | Administrator | ANA LILIA MORADO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 07/27/2011 | <u>Owner Information</u> |
| License # | 014427 | | | | | BWB SUNBELT HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 457513 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (915) 629-8408 | Fax | (915) 595-6781 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE PEREZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 07/01/2001 | <u>Owner Information</u> |
| License # | 007770 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451705 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (915) 778-9058 | Fax | (915) 778-9053 | | | Services: |
| Type: | Parent Agency | Administrator | SUSIE DE LA ROSA | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 01/02/2012 | Owner Information |
| License # | 014727 | | LA ESPERANZA | | | DOUBLE G ENTERPRISES INC |
| Lic Expire | 01/31/2020 | | 946 HORIZON BLVD | | | 946 HORIZON BLVD |
| Medicare 1: | | | EL PASO, TX 79927 | | | EL PASO, TX 79927 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 872-9979 | Fax | (915) 790-2625 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MANUEL H GONZALEZ JR | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/24/1998 | Owner Information |
| License # | 006339 | | LA FAMILIA HOME HEALTH INC | | | LA FAMILIA HEALTH INC |
| Lic Expire | 02/28/2018 | | 2720 E YANDELL DR STE 106 | | | 2720 E YANDELL DR STE 106 |
| Medicare 1: | 459438 | | EL PASO, TX 79903 | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 591-7100 | Fax | (915) 591-3656 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELSA I LUEVANO VELAZQUEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 09/30/1995 | Owner Information |
| License # | 004071 | | LA MARIPOSA HOSPICE | | | TENET HOSPITALS LIMITED |
| Lic Expire | 09/30/2019 | | 1733 CURIE DR STE 206 | | | 1445 ROSS AVENUE SUITE 1400 |
| Medicare 1: | 451566 | | EL PASO, TX 79902 | | | DALLAS, TX 75202 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 577-7870 | Fax | (796) 577-7969 | | | Hospice |
| Type: | Parent Agency | Administrator | RODDEX BARLOW | | | |
| County | EL PASO | Region | 10 | Date Licensed | 05/09/2013 | Owner Information |
| License # | 015737 | | LAMINA HOME CARE LLC | | | LAMINA HOME CARE LLC |
| Lic Expire | 05/31/2019 | | 7100 WESTWIND DR STE 200 | | | 7100 WESTWIND DR STE 200 |
| Medicare 1: | 679415 | | EL PASO, TX 79912 | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 833-5100 | Fax | (915) 833-5101 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RICHARD SENNESSIE | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/27/2013 | Owner Information |
| License # | 015392 | | LIFESPAN HOME HEALTH | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 02/28/2019 | | 1200 GOLDEN KEY # 369 | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | EL PASO, TX 79925 | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WHITNEY HRADEK | | | |
| County | EL PASO | Region | 10 | Date Licensed | 12/23/2015 | Owner Information |
| License # | 017307 | | M B CARE PLLC | | | M B CARE PLLC |
| Lic Expire | 12/31/2019 | | 4150 RIO BRAVO SUITE 217 | | | 4150 RIO BRAVO SUITE 217 |
| Medicare 1: | 457989 | | EL PASO, TX 79902 | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 269-5365 | Fax | (915) 581-2485 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANGELINA LEE | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/18/2010 | Owner Information |
| License # | 013814 | | MATRIX HOME HEALTH SERVICES | | | MATRIX HHA INC |
| Lic Expire | 10/31/2018 | | 11351 JAMES WATT BUILDING C 400 | | | 11351 JAMES WATT BLDG C 400 |
| Medicare 1: | 679217 | | EL PASO, TX 79936 | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 633-8104 | Fax | (915) 633-8105 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBRA A GONZALEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/26/2009 | Owner Information |
| License # | 009479 | | MERIDA HEALTH CARE GROUP | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | 10767 GATEWAY WEST BLVD STE 605 | | | PO BOX 1230 |
| Medicare 1: | | | EL PASO, TX 79935 | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 603-5033 | Fax | (915) 603-5035 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|---|
| County | EL PASO | Region | 10 | Date Licensed | 07/15/2015 | Owner Information |
| License # | 016959 | | | | | INTERWORLD HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | 458219 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 534-7727 | Fax | (915) 534-7898 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/23/2012 | Owner Information |
| License # | 014605 | | | | | MONTE CRISTO HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | 5959 GATEWAY BLVD SUITE 520 |
| Medicare 1: | 747924 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 771-8100 | Fax | (915) 771-8103 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ROMMEL ALCANTARA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 11/03/2016 | Owner Information |
| License # | 017720 | | | | | NATA'S 24/7 HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 4630 VULCAN AVE # 12 |
| Medicare 1: | | | | | | EL PASO, TX 79904 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 526-5062 | Fax | (915) 613-3559 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUZ M SANDATE | | | |
| County | EL PASO | Region | 10 | Date Licensed | 09/23/2014 | Owner Information |
| License # | 016443 | | | | | NOBLE PERSONAL HOME CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 2150 TRAWOOD DR. B-260 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 929-8178 | Fax | (915) 990-2229 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMBER J CLARK | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/29/2018 | Owner Information |
| License # | 018581 | | | | | NUEVO HOGAR EAST LLC |
| Lic Expire | 01/31/2020 | | | | | 1031 EAST RIO GRANDE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 584-2429 | Fax | (915) 584-1114 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANA MARLENE RIOS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/01/2017 | Owner Information |
| License # | 017918 | | | | | NUEVO HOGAR HOME CARE PROVIDERS LLC |
| Lic Expire | 01/31/2019 | | | | | 1031 EAST RIO GRANDE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 584-2429 | Fax | (915) 584-1114 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANA MARLENE RIOS | | | |
| County | EL PASO | Region | 10 | Date Licensed | 05/10/2012 | Owner Information |
| License # | 014792 | | | | | NURSEMIND HOME CARE INC |
| Lic Expire | 05/31/2018 | | | | | 3157 ROYAL JEWEL STREET |
| Medicare 1: | 747906 | | | | | EL PASO, TX 79936 |
| Medicare 2: | 671796 | | | | | Services: |
| Phone | (915) 500-5657 | Fax | (915) 500-5667 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ZENIA CHAVEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/18/2010 | Owner Information |
| License # | 013815 | | | | | NURSES CARE HHA INC |
| Lic Expire | 10/31/2018 | | | | | 11351 JAMES WATT BLDG C-300 |
| Medicare 1: | 457894 | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 599-9998 | Fax | (915) 599-9978 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PERLA G ALVARADO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 10/10/1996 | Owner Information |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 774-8890 | Fax | (915) 774-8848 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | EL PASO | Region | 10 | Date Licensed | 11/17/2009 | Owner Information |
| License # | 013006 | | | | | JOMPG CORPORATION |
| Lic Expire | 11/30/2019 | | | | | 7806 GATEWAY BLVD E SUITE 101 |
| Medicare 1: | 747463 | | | | | EL PASO, TX 79915 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 599-9927 | Fax | (915) 599-9931 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JUAN S GARCIA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 12/10/2003 | Owner Information |
| License # | 008800 | | | | | OUR ANGEL HOME HEALTH INC |
| Lic Expire | 12/31/2018 | | | | | 6080 SURETY DRIVE SUITE 215 |
| Medicare 1: | 679470 | | | | | EL PASO, TX 79905 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 629-9600 | Fax | (915) 629-9602 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ORLANDO OLIVARES | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007333 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 595-8729 | Fax | (915) 595-8990 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELISSA RODRIGUEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 02/02/2018 | Owner Information |
| License # | 018588 | | | | | OXYGEN HOSPICE INC. |
| Lic Expire | 02/29/2020 | | | | | 11394 JAMES WATT DR STE 701B |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 351-8662 | Fax | | | | Hospice |
| Type: | Parent Agency | Administrator | MELISSA CREW | | | |
| County | EL PASO | Region | 10 | Date Licensed | 12/22/2014 | Owner Information |
| License # | 016575 | | | | | MARDAV INC |
| Lic Expire | 12/31/2018 | | | | | 3100 EDGEROCK |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 262-0457 | Fax | (915) 262-0430 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RICARDO MARTINEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/12/1996 | Owner Information |
| License # | 004455 | | | | | PASOS HOME HEALTH INC |
| Lic Expire | 04/30/2018 | | | | | 6028 SURETY DRIVE |
| Medicare 1: | 678341 | | | | | EL PASO, TX 79905 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 781-2901 | Fax | (915) 781-2906 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OMOLADE OLOWE | | | |
| County | EL PASO | Region | 10 | Date Licensed | 11/01/2010 | Owner Information |
| License # | 013743 | | | | | PLENITUD INC |
| Lic Expire | 10/31/2018 | | | | | 2431 MONTANA AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 546-3900 | Fax | (915) 546-3902 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MANUEL H GONZALEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 06/01/2006 | <u>Owner Information</u> |
| License # | 010611 | | | | | PRIMAVERA HOME HEALTH PC |
| Lic Expire | 05/31/2018 | | | | | 5959 GATEWAY WEST SUITE 242 |
| Medicare 1: | 679299 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 771-8282 | Fax | (915) 771-8989 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA MORENO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 11/30/2011 | <u>Owner Information</u> |
| License # | 013858 | | | | | PT HOME SERVICES OF SAN ANTONIO INC |
| Lic Expire | 12/31/2018 | | | | | 40 NE LOOP 410 SUITE 640 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (915) 600-2796 | Fax | (915) 533-0722 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES GRISMORE | | | Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 07/24/2015 | <u>Owner Information</u> |
| License # | 016936 | | | | | PULSO HOME HEALTH LLC |
| Lic Expire | 07/31/2019 | | | | | 550 S MESA HILLS DRIVE SUITE B1 |
| Medicare 1: | | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 585-2273 | Fax | (915) 231-6345 | | | Services: |
| Type: | Parent Agency | Administrator | LYNETTE LOMARQUEZ | | | Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/21/2017 | <u>Owner Information</u> |
| License # | 018491 | | | | | QUANTUM HOME CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 6090 SURETY DRIVE SUITE 102 |
| Medicare 1: | 678162 | | | | | EL PASO, TX 79905 |
| Medicare 2: | | | | | | |
| Phone | (915) 771-6160 | Fax | (915) 771-8161 | | | Services: |
| Type: | Parent Agency | Administrator | ELIAS VELEZ | | | Licensed and Certified Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/27/2005 | <u>Owner Information</u> |
| License # | 009990 | | | | | REVIVE HOME CARE INC |
| Lic Expire | 09/30/2018 | | | | | 1393 GEORGE DIETER SUITE B |
| Medicare 1: | 677916 | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 772-1300 | Fax | (915) 772-1303 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA L HAPGOOD | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/31/2005 | <u>Owner Information</u> |
| License # | 009948 | | | | | ACCESS HEALTHCARE OF TEXAS INC |
| Lic Expire | 08/31/2019 | | | | | 7717 LOCKHEED SUITE E |
| Medicare 1: | 453156 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 772-3529 | Fax | (915) 772-3580 | | | Services: |
| Type: | Parent Agency | Administrator | LESLIE HARDAWAY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 12/01/2016 | <u>Owner Information</u> |
| License # | 017888 | | | | | SAFFA HOME CARE IN |
| Lic Expire | 11/30/2018 | | | | | 8401 BOEING DR., UNIT 971010 |
| Medicare 1: | 457948 | | | | | EL PASO, TX 79997 |
| Medicare 2: | | | | | | |
| Phone | (915) 317-7000 | Fax | (915) 703-3737 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD SENNESSIE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/29/2015 | <u>Owner Information</u> |
| License # | 016778 | | | | | JOSE J. NUNEZ |
| Lic Expire | 04/30/2019 | | | | | 9171 NOTTINGHAM |
| Medicare 1: | | | | | | EL PASO, TX 79907 |
| Medicare 2: | | | | | | |
| Phone | (915) 472-1037 | Fax | (915) 859-5962 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE J NUNEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 08/13/2014 | Owner Information |
| License # | 016371 | | | | | SAN LORENZO ADULT PROVIDER SERVICES AND PEDIATRICS LLC |
| Lic Expire | 08/31/2018 | | | | | 5625 HEMMINGWAY |
| Medicare 1: | | | | | | EL PASO, TX 79924 |
| Medicare 2: | | | | | | |
| Phone | (915) 307-3608 | Fax | (915) 307-3663 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA PORTILLO | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/01/2009 | Owner Information |
| License # | 012832 | | | | | SAN MATEO PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 2150 TRAWOOD DR B-211 |
| Medicare 1: | | | | | | EL PASO, TX 79935 |
| Medicare 2: | | | | | | |
| Phone | (915) 500-5020 | Fax | (915) 975-8048 | | | Services: |
| Type: | Parent Agency | Administrator | CELINA BUTTNER | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 07/16/2004 | Owner Information |
| License # | 009195 | | | | | SANTA FE HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 611 NEWMAN |
| Medicare 1: | 673119 | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | |
| Phone | (915) 845-3900 | Fax | (915) 845-3901 | | | Services: |
| Type: | Parent Agency | Administrator | JULISSA G SEANEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 09/18/2014 | Owner Information |
| License # | 016432 | | | | | SHIELD OF GRACE HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2018 | | | | | 11395 JAMES WATT SUITE A-11 |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 592-4000 | Fax | (915) 633-9855 | | | Services: |
| Type: | Parent Agency | Administrator | OSVALDO R TERRAZAS | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 01/25/2012 | Owner Information |
| License # | 014909 | | | | | SOUTHERN HOMECARE INC |
| Lic Expire | 01/31/2018 | | | | | 11500 PELLICANO DR UNIT B10 |
| Medicare 1: | 679725 | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 857-8573 | Fax | (915) 591-3932 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA SALCIDO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 04/23/2004 | Owner Information |
| License # | 009044 | | | | | SU CASA HEALTH CARE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 1311 W FLORIDA |
| Medicare 1: | 453174 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | |
| Phone | (915) 781-1882 | Fax | (915) 781-1883 | | | Services: |
| Type: | Parent Agency | Administrator | ELVA ELENA BROWN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 11/30/1988 | Owner Information |
| License # | 002026 | | | | | SUN CITY HOME CARE INC |
| Lic Expire | 11/30/2018 | | | | | 1040 BELVIDERE ST., |
| Medicare 1: | 677207 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 542-0014 | Fax | (915) 542-0072 | | | Services: |
| Type: | Parent Agency | Administrator | ABDUL K KAMEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 06/08/2017 | Owner Information |
| License # | 018097 | | | | | SUNSHINE PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 221 N. KANSAS ST, STE #750 |
| Medicare 1: | | | | | | EL PASO, TX 79901 |
| Medicare 2: | | | | | | |
| Phone | (915) 328-5791 | Fax | (915) 773-2929 | | | Services: |
| Type: | Parent Agency | Administrator | ELSA G. MARTINEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 02/19/2015 | <u>Owner Information</u> |
| License # | 016649 | | | | | SUPERIOR TLC HOME HEALTH CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 10020 CHICK A DEE ST |
| Medicare 1: | | | | | | EL PASO, TX 79924 |
| Medicare 2: | | | | | | |
| Phone | (915) 443-8047 | Fax | (915) 260-5095 | | | Services: |
| Type: | Parent Agency | Administrator | CRYSTAL GOSSECK SALAZAR | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 03/24/2006 | <u>Owner Information</u> |
| License # | 010357 | | | | | ARM HEALTHCARE LLC |
| Lic Expire | 03/31/2020 | | | | | 6529 CALLE PLACIDO |
| Medicare 1: | 679522 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | |
| Phone | (915) 581-3345 | Fax | (915) 833-4581 | | | Services: |
| Type: | Parent Agency | Administrator | ANN RODRIGUEZ MCCONNELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 08/11/2016 | <u>Owner Information</u> |
| License # | 017566 | | | | | TLC HOME HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 1635 LEE TREVINO STE A |
| Medicare 1: | 747614 | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 772-4852 | Fax | (915) 772-0430 | | | Services: |
| Type: | Parent Agency | Administrator | DIANA CORONADO | | | Licensed and Certified Home Health Services |
| County | EL PASO | Region | 10 | Date Licensed | 11/27/2017 | <u>Owner Information</u> |
| License # | 018466 | | | | | SOUTHWEST HOSPICE INC |
| Lic Expire | 11/30/2019 | | | | | 1635 N LEE TREVINO SUITE A |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | |
| Phone | (915) 772-4852 | Fax | (915) 772-0430 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA REZA | | | Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 11/18/2008 | <u>Owner Information</u> |
| License # | 012385 | | | | | URGENT CARE HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 971010 |
| Medicare 1: | 747099 | | | | | EL PASO, TX 79997 |
| Medicare 2: | | | | | | |
| Phone | (915) 594-8070 | Fax | (915) 594-4028 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD S SENNESSIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 12/08/2014 | <u>Owner Information</u> |
| License # | 016552 | | | | | URGENT CARE HOSPICE INC |
| Lic Expire | 12/31/2018 | | | | | 8401 BOEING DRIVE #971010 |
| Medicare 1: | 741613 | | | | | EL PASO, TX 79910 |
| Medicare 2: | | | | | | |
| Phone | (915) 213-5453 | Fax | (915) 213-5456 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD SENNESSIE | | | Personal Assistance Services, Hospice |
| County | EL PASO | Region | 10 | Date Licensed | 08/01/2014 | <u>Owner Information</u> |
| License # | 016357 | | | | | V & V GROUP INC |
| Lic Expire | 07/31/2018 | | | | | 834 PUEBLO |
| Medicare 1: | | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | |
| Phone | (915) 532-3032 | Fax | (915) 219-8736 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR VARGAS | | | Personal Assistance Services |
| County | EL PASO | Region | 10 | Date Licensed | 11/19/2010 | <u>Owner Information</u> |
| License # | 013723 | | | | | SERENE LLC |
| Lic Expire | 11/30/2018 | | | | | 9215 MONTANA |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | |
| Phone | (915) 595-5472 | Fax | (915) 595-5482 | | | Services: |
| Type: | Parent Agency | Administrator | GLINDA VALDEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 04/02/2008 | <u>Owner Information</u> |
| License # | 012086 | | | | | VALOR PERSONAL ASSISTANCE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 1014 MONTANA AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 541-0033 | Fax | (915) 541-0034 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIRGINIA GONZALEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 04/22/2009 | <u>Owner Information</u> |
| License # | 012557 | | | | | GOD IS KING HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 1005 DESIERTO SECO DR |
| Medicare 1: | 747427 | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 587-5284 | Fax | (915) 345-1038 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CAROLINE I CHIBUEZE | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/21/2007 | <u>Owner Information</u> |
| License # | 011414 | | | | | 1 BELLA INC |
| Lic Expire | 06/30/2019 | | | | | 12421 PASEO DE ARCO |
| Medicare 1: | | | | | | EL PASO, TX 79928 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 595-8707 | Fax | (915) 288-3180 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SERGIO GONZALEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/25/2017 | <u>Owner Information</u> |
| License # | 018400 | | | | | VIDANTA PERSONAL ASSISTANCE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 1815 E YANDELL DR |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 842-0581 | Fax | (915) 842-0580 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HECTOR O TORRES | | | |
| County | EL PASO | Region | 10 | Date Licensed | 11/05/2017 | <u>Owner Information</u> |
| License # | 018511 | | | | | CHILDREN'S HOME THERAPY SPECIALISTS, LLC |
| Lic Expire | 11/30/2019 | | | | | 10224 SINGAPORE |
| Medicare 1: | | | | | | EL PASO, TX 79925 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 307-9289 | Fax | (915) 975-8168 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GEORGINA BARRERA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/08/2015 | <u>Owner Information</u> |
| License # | 016897 | | | | | EP SENIOR HOMECARE LLC |
| Lic Expire | 07/31/2019 | | | | | 815 LAKE AIR DRIVE |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 799-0141 | Fax | (915) 799-0149 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOE PARRA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/03/2005 | <u>Owner Information</u> |
| License # | 009504 | | | | | GALENO INC |
| Lic Expire | 01/31/2019 | | | | | 11204 MONTWOOD |
| Medicare 1: | 457842 | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 595-4804 | Fax | (915) 595-5905 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANA LUISA SOTO | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/17/2018 | <u>Owner Information</u> |
| License # | 018564 | | | | | VITAL PERSONAL ASSISTANT SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 220 THUNDERBIRD #33 |
| Medicare 1: | | | | | | EL PASO, TX 79912 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 234-2007 | Fax | (915) 234-2007 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LIZBETH MORALES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | EL PASO | Region | 10 | Date Licensed | 10/30/2017 | <u>Owner Information</u> |
| License # | 018409 | | | | | YAGEL THERAPY SERVICES PLLC |
| Lic Expire | 10/31/2019 | | | | | 5337 COUNTRY OAKS DRIVE |
| Medicare 1: | | | | | | EL PASO, TX 79932 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 703-6380 | Fax | (915) 703-6382 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CLAUDIA YAGEL | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/03/2014 | <u>Owner Information</u> |
| License # | 015949 | | | | | ZINNIA PERSONAL HOME CARE INC |
| Lic Expire | 01/31/2020 | | | | | 1323 MONTANA AVENUE |
| Medicare 1: | | | | | | EL PASO, TX 79902 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 307-5335 | Fax | (915) 307-5339 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIRGINIA GONZALEZ | | | |
| County | EL PASO | Region | 10 | Date Licensed | 10/04/2012 | <u>Owner Information</u> |
| License # | 006718 | | | | | IRENE TRUJILLO |
| Lic Expire | 11/30/2018 | | | | | 12215 CHISHOM PASS |
| Medicare 1: | | | | | | EL PASO, TX 79936 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 764-0165 | Fax | (915) 764-0155 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | IRENE TRUJILLO | | | |
| County | EL PASO | Region | 10 | Date Licensed | 07/14/2015 | <u>Owner Information</u> |
| License # | 016908 | | | | | VANESSA GANDARILLA |
| Lic Expire | 07/31/2019 | | | | | PO BOX 2106 |
| Medicare 1: | | | | | | FABENS, TX 79838 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 765-5306 | Fax | (915) 765-5306 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHANCEY A. LARA | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/30/2018 | <u>Owner Information</u> |
| License # | 018583 | | | | | BLESSED STAR HOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 12629 KEITHA ADAMS DRIVE |
| Medicare 1: | | | | | | HORIZON CITY, TX 79928 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 261-6430 | Fax | | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RUFUS MUTITU | | | |
| County | EL PASO | Region | 10 | Date Licensed | 01/02/2012 | <u>Owner Information</u> |
| License # | 014726 | | | | | MI CASA PERSONAL ASSISTANCE SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | P O BOX 1136 |
| Medicare 1: | | | | | | CLINT, TX 79836 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 851-4663 | Fax | (915) 851-0899 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MANUEL H GONZALEZ JR | | | |
| County | EL PASO | Region | 10 | Date Licensed | 06/07/2016 | <u>Owner Information</u> |
| License # | 017445 | | | | | ATENTOS EN SU HOGAR LLC |
| Lic Expire | 06/30/2018 | | | | | 10780 GANADO DRIVE |
| Medicare 1: | | | | | | SOCORRO, TX 79927 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 694-7429 | Fax | (915) 303-9237 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDDIE HERNANDEZ | | | |
| County | ELLIS | Region | 03 | Date Licensed | 05/21/2003 | <u>Owner Information</u> |
| License # | 008468 | | | | | FAMILY FIRST HOSPICE INC |
| Lic Expire | 05/31/2019 | | | | | 109 SOUTHWEST MAIN STREET |
| Medicare 1: | 451730 | | | | | ENNIS, TX 75119 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 878-2273 | Fax | (972) 878-2278 | | | Hospice |
| Type: | Parent Agency | Administrator | KIMBERLY A WOODS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | ELLIS | Region | 03 | Date Licensed | 11/28/2011 | <u>Owner Information</u> |
| License # | 014496 | | | | | FAMILY FIRST PALLIATIVE HOME CARE INC |
| Lic Expire | 11/30/2019 | | | | | 109 SW MAIN STREET |
| Medicare 1: | 747768 | | | | | ENNIS, TX 75119 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 878-6877 | Fax | (972) 878-6878 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIMBERLY A. WOODS | | | |
| County | ELLIS | Region | 03 | Date Licensed | 04/22/2016 | <u>Owner Information</u> |
| License # | 017364 | | | | | HAVEN HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | 12160 NORTH ABRAMS RD SUITE 100 |
| Medicare 1: | | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 878-0303 | Fax | (972) 878-0055 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MICHAEL MCGIBBON | | | |
| County | ELLIS | Region | 03 | Date Licensed | 03/26/2010 | <u>Owner Information</u> |
| License # | 013195 | | | | | ENNIS TEXAS PHYSICIANS CHOICE HOMECARE LLC |
| Lic Expire | 03/31/2018 | | | | | 6800 HERITAGE PARKWAY # 103 |
| Medicare 1: | 747537 | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 875-1131 | Fax | (972) 875-1155 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DELAUNTE CRAWFORD | | | |
| County | ELLIS | Region | 03 | Date Licensed | 07/17/2015 | <u>Owner Information</u> |
| License # | 016925 | | | | | VIVIAN DURHAM |
| Lic Expire | 07/31/2019 | | | | | 273 N KAUFMAN ST STE D |
| Medicare 1: | | | | | | ENNIS, TX 75119 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 875-6277 | Fax | (972) 875-6276 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIVIAN R DURHAM | | | |
| County | ELLIS | Region | 03 | Date Licensed | 03/09/2006 | <u>Owner Information</u> |
| License # | 010338 | | | | | APPROVED HEALTH SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 200 SILKEN CROSSING SUITE 202 |
| Medicare 1: | 679623 | | | | | MIDLOTHIAN, TX 76065 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 723-2933 | Fax | (888) 791-7023 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHLEEN PONDER | | | |
| County | ELLIS | Region | 03 | Date Licensed | 01/13/2011 | <u>Owner Information</u> |
| License # | 013827 | | | | | FIDELIS HOME CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 221 MASTERS LN |
| Medicare 1: | | | | | | MIDLOTHIAN, TX 76065 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 775-1000 | Fax | (469) 375-1142 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEFFERY L HATTEN | | | |
| County | ELLIS | Region | 03 | Date Licensed | 10/01/2015 | <u>Owner Information</u> |
| License # | 017060 | | | | | CWK BEST CARE LLC |
| Lic Expire | 09/30/2019 | | | | | P O BOX 1880 |
| Medicare 1: | | | | | | MIDLOTHIAN, TX 76065 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 672-4880 | Fax | (469) 212-1208 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | WHITNEY KRUPALA | | | |
| County | ELLIS | Region | 03 | Date Licensed | 10/01/2010 | <u>Owner Information</u> |
| License # | 013597 | | | | | GEN 2 GEN INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 822402 |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76182 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 227-8900 | Fax | (972) 576-1102 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELA FREEMAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | ELLIS | Region | 03 | Date Licensed | 11/30/2001 | Owner Information |
| License # | 007939 | | | | | FAMILY REHAB INC |
| Lic Expire | 11/30/2019 | | | | | 2301 HWY 1187 #203 |
| Medicare 1: | 679069 | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (972) 923-1853 | Fax | (972) 923-1809 | | | Services: |
| Type: | Parent Agency | Administrator | KERRY LAYFIELD | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ELLIS | Region | 03 | Date Licensed | 01/27/2012 | Owner Information |
| License # | 014989 | | | | | BRIDGEWAY HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 3880 HULEN SUITE #670 |
| Medicare 1: | 45Q8178002 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (972) 938-1000 | Fax | (972) 938-1005 | | | Services: |
| Type: | Branch Agency | Administrator | DEBORAH ELLIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ELLIS | Region | 03 | Date Licensed | 12/02/2013 | Owner Information |
| License # | 015998 | | | | | BRISTOL HOSPICE - PATHWAYS LLC |
| Lic Expire | 12/31/2017 | | | | | 115 PARK PLACE BOULEVARD SUITE 100 |
| Medicare 1: | 451743 | | | | | WAXAHACHIE, TX 75165 |
| Medicare 2: | | | | | | |
| Phone | (972) 923-2436 | Fax | (972) 923-0043 | | | Services: |
| Type: | Parent Agency | Administrator | SAUNDRA TOWNLEY | | | Hospice |
| County | ELLIS | Region | 03 | Date Licensed | 04/09/2003 | Owner Information |
| License # | 008543 | | | | | CONFIDENT HOME HEALTH CARE INC |
| Lic Expire | 04/30/2018 | | | | | 115 PARK PLACE BLVD STE 200 |
| Medicare 1: | 679036 | | | | | WAXAHACHIE, TX 75165 |
| Medicare 2: | | | | | | |
| Phone | (972) 937-6447 | Fax | (972) 937-6177 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA D JONES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ELLIS | Region | 03 | Date Licensed | 09/21/2006 | Owner Information |
| License # | 011216 | | | | | GUARDIAN HEALTHCARE |
| Lic Expire | 09/30/2018 | | | | | 13737 NOEL ROAD SUITE 1400 |
| Medicare 1: | 67Q7125004 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (972) 937-1560 | Fax | (972) 937-1600 | | | Services: |
| Type: | Branch Agency | Administrator | KAREN CHANDLER | | | Licensed and Certified Home Health Services |
| County | ELLIS | Region | 03 | Date Licensed | 08/04/2004 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (972) 937-2800 | Fax | (972) 937-2405 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | ELLIS | Region | 03 | Date Licensed | 05/31/2017 | Owner Information |
| License # | 018254 | | | | | INFINITE CARE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 206 YMCA DRIVE, #105 |
| Medicare 1: | 679431 | | | | | WAXAHACHIE, TX 75165 |
| Medicare 2: | | | | | | |
| Phone | (972) 938-8500 | Fax | (972) 937-1444 | | | Services: |
| Type: | Parent Agency | Administrator | LARRY LEGG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ELLIS | Region | 03 | Date Licensed | 02/01/2003 | Owner Information |
| License # | 008430 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 01/31/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451699 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (972) 232-1890 | Fax | (972) 296-0467 | | | Services: |
| Type: | Parent Agency | Administrator | KELLY BROOKS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | ELLIS | Region | 03 | Date Licensed | 05/10/2011 | <u>Owner Information</u> |
| License # | 011458 | | | | | TRINITY HOSPICE OF TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER, SUITE 400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 231-8040 | Fax | (972) 231-8087 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | VICKIE SIMPSON | | | |
| County | ERATH | Region | 03 | Date Licensed | 11/23/1993 | <u>Owner Information</u> |
| License # | 002671 | | | | | COMMUNITY CARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 118 EAST LIVEOAK SUITE 104 |
| Medicare 1: | 451594 | | | | | DUBLIN, TX 76446 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 445-4675 | Fax | (254) 445-2972 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | LAURA L GAMBINO | | | |
| County | ERATH | Region | 03 | Date Licensed | 08/04/1999 | <u>Owner Information</u> |
| License # | 004548 | | | | | STEPHENS HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 711 NORTH GRAHAM |
| Medicare 1: | 67Q7624002 | | | | | STEPHENVILLE, TX 76401 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 445-4620 | Fax | (254) 445-2514 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ANN STEPHEN | | | |
| County | ERATH | Region | 03 | Date Licensed | 03/17/2015 | <u>Owner Information</u> |
| License # | 016684 | | | | | COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC |
| Lic Expire | 03/31/2019 | | | | | 515 W LINGLEVILLE RD |
| Medicare 1: | | | | | | STEPHENVILLE, TX 76401 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 965-2104 | Fax | (254) 965-3618 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LAURA MONTGOMERY | | | |
| County | ERATH | Region | 03 | Date Licensed | 09/27/2004 | <u>Owner Information</u> |
| License # | 009330 | | | | | COUNTRYSIDE THERAPY GROUP INC |
| Lic Expire | 09/30/2018 | | | | | 515 W EST LINGLEVILLE RD |
| Medicare 1: | | | | | | STEPHENVILLE, TX 76401 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 965-3611 | Fax | (254) 965-3618 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LAURA MONTGOMERY | | | |
| County | ERATH | Region | 03 | Date Licensed | 10/11/2017 | <u>Owner Information</u> |
| License # | 017435 | | | | | NEW CENTURY HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 671588 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 335-0919 | Fax | (254) 434-4547 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ADDIS UMER | | | |
| County | ERATH | Region | 03 | Date Licensed | 07/01/2015 | <u>Owner Information</u> |
| License # | 017106 | | | | | PANHANDLE HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 64 |
| Medicare 1: | | | | | | SPEARMAN, TX 79081 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 918-2022 | Fax | (254) 918-2017 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | TWYLA J SWAN | | | |
| County | ERATH | Region | 03 | Date Licensed | 01/02/2008 | <u>Owner Information</u> |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | ERATH | Region | 03 | Date Licensed | 05/01/1996 | <u>Owner Information</u> |
| License # | 004548 | | | | | STEPHENS HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 711 NORTH GRAHAM |
| Medicare 1: | 677624 | | | | | STEPHENVILLE, TX 76401 |
| Medicare 2: | | | | | | |
| Phone | (254) 965-6629 | Fax | (254) 965-7040 | | | Services: |
| Type: | Parent Agency | Administrator | ANN STEPHEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FALLS | Region | 07 | Date Licensed | 12/23/2014 | <u>Owner Information</u> |
| License # | 016582 | | | | | SHEPHERDS SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 125 HERITAGE ROW |
| Medicare 1: | 677796 | | | | | MARLIN, TX 76661 |
| Medicare 2: | | | | | | |
| Phone | (254) 803-3000 | Fax | (254) 883-3530 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS D. TATE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FANNIN | Region | 03 | Date Licensed | 05/14/2010 | <u>Owner Information</u> |
| License # | 013320 | | | | | AMERICAN BEST CARE HOSPICE INC |
| Lic Expire | 05/31/2018 | | | | | 1211 EST 6TH ST STE 710 |
| Medicare 1: | 671678 | | | | | BONHAM, TX 75418 |
| Medicare 2: | | | | | | |
| Phone | (903) 640-9300 | Fax | (903) 583-7049 | | | Services: |
| Type: | Parent Agency | Administrator | SUZANNE BROWN | | | Hospice |
| County | FANNIN | Region | 03 | Date Licensed | 07/26/2017 | <u>Owner Information</u> |
| License # | 018204 | | | | | GIFT PROFESSIONAL HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 407 N MAIN ST #2-1 |
| Medicare 1: | | | | | | BONHAM, TX 75418 |
| Medicare 2: | | | | | | |
| Phone | (469) 664-5337 | Fax | (817) 459-1224 | | | Services: |
| Type: | Parent Agency | Administrator | REGINA IYAWWE | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | FANNIN | Region | 03 | Date Licensed | 05/22/2006 | <u>Owner Information</u> |
| License # | 009193 | | | | | MAXIMACARE LLC |
| Lic Expire | 07/31/2018 | | | | | 3740 N JOSEY LANE, SUITE#100A |
| Medicare 1: | 45Q7809001 | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | |
| Phone | (903) 640-9000 | Fax | (903) 640-9001 | | | Services: |
| Type: | Branch Agency | Administrator | NEETA SAMANI | | | Licensed and Certified Home Health Services |
| County | FANNIN | Region | 03 | Date Licensed | 12/10/2006 | <u>Owner Information</u> |
| License # | 011172 | | | | | CRYO MANAGEMENT INC |
| Lic Expire | 12/31/2018 | | | | | 2209 W 72ND TERR |
| Medicare 1: | 457692 | | | | | PRAIRIE VILLAGE, KS 66208 |
| Medicare 2: | | | | | | |
| Phone | (903) 583-3606 | Fax | (903) 640-7606 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLA RUSSELL | | | Licensed and Certified Home Health Services |
| County | FANNIN | Region | 03 | Date Licensed | 09/07/2016 | <u>Owner Information</u> |
| License # | 017751 | | | | | PURITY HOME HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 301 W SAM RAYBURN DRIVE SUITE A |
| Medicare 1: | 747809 | | | | | BONHAM, TX 75418 |
| Medicare 2: | | | | | | |
| Phone | (903) 583-7040 | Fax | (903) 486-6115 | | | Services: |
| Type: | Parent Agency | Administrator | VALSAMMA THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FANNIN | Region | 03 | Date Licensed | 11/09/2017 | <u>Owner Information</u> |
| License # | 018441 | | | | | BETTY RAGON |
| Lic Expire | 11/30/2019 | | | | | PO BOX 314 |
| Medicare 1: | | | | | | DODD CITY, TX 75438 |
| Medicare 2: | | | | | | |
| Phone | (903) 227-6936 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | BETTY J RAGON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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| County FAYETTE | Region 07 | Date Licensed 06/04/2013 | Owner Information SAMANTHA SMITH STACKHOUSE P. O. BOX 1216 LA GRANGE, TX 78945 |
| License # 015578 | COMPASSIONATE PROVIDER SERVICES OF TEXAS | | |
| Lic Expire 06/30/2019 | 252 NORTH WASHINGTON | | |
| Medicare 1: | LA GRANGE, TX 78945 | | |
| Medicare 2: | | | Services: |
| Phone (979) 968-1500 | Fax (979) 968-1558 | Personal Assistance Services | |
| Type: Parent Agency | Administrator | SAMANTHA STACKHOUSE | |
| County FAYETTE | Region 07 | Date Licensed 07/05/2007 | Owner Information HOSPICE BRAZOS VALLEY INC 502 WEST 26TH STREET BRYAN, TX 77803 |
| License # 002186 | HOSPICE BRAZOS VALLEY INC | | |
| Lic Expire 02/28/2019 | 1048 NORTH JEFFERSON | | |
| Medicare 1: | LA GRANGE, TX 78945 | | |
| Medicare 2: | | | Services: |
| Phone (979) 968-6913 | Fax (979) 968-6943 | Hospice | |
| Type: Alternate Delivery Site | Administrator | CRAIG BORCHARDT | |
| County FAYETTE | Region 07 | Date Licensed 04/26/2017 | Owner Information TEXAS HOME HEALTHCARE PARTNERS LP 700 HIGHLANDER SUITE 160 ARLINGTON, TX 76015 |
| License # 018188 | JORDAN HEALTH SERVICES | | |
| Lic Expire 04/30/2019 | 229 W. TRAVIS STREET | | |
| Medicare 1: 45Q7661010 | LA GRANGE, TX 78945 | | |
| Medicare 2: | | | Services: |
| Phone (979) 968-5400 | Fax (979) 968-5403 | Licensed and Certified Home Health Services, Licensed Home Health Services | |
| Type: Branch Agency | Administrator | HEIDI TINCH | |
| County FAYETTE | Region 07 | Date Licensed 11/30/2007 | Owner Information GIRLING HEALTH CARE INC 12900 FOSTER, SUITE#400 OVERLAND PARK, KS 66213 |
| License # 011739 | KINDRED AT HOME | | |
| Lic Expire 11/30/2019 | 85 NORTH KESSLER AVENUE | | |
| Medicare 1: 45Q7050003 | SCHULENBURG, TX 78956 | | |
| Medicare 2: | | | Services: |
| Phone (979) 743-2633 | Fax (979) 743-2733 | Licensed and Certified Home Health Services | |
| Type: Branch Agency | Administrator | COREY HURT | |
| County FAYETTE | Region 07 | Date Licensed 06/07/2011 | Owner Information GILLAR HOME HEALTH CARE, LP P. O. BOX 488 SCHULENBURG, TX 78956 |
| License # 014144 | REGENCY HOME HEALTH OF SCHULENBURG | | |
| Lic Expire 06/30/2019 | 309 KESSLER | | |
| Medicare 1: 747668 | SCHULENBURG, TX 78956 | | |
| Medicare 2: | | | Services: |
| Phone (979) 743-4663 | Fax (979) 743-4770 | Licensed and Certified Home Health Services | |
| Type: Parent Agency | Administrator | KAREN HUSMANN | |
| County FLOYD | Region 01 | Date Licensed 02/06/2009 | Owner Information HOSPICE HANDS OF WEST TEXAS INC PO BOX 1118 LOCKNEY, TX 79241 |
| License # 012529 | HOSPICE HANDS OF WEST TEXAS INC | | |
| Lic Expire 02/28/2019 | 305 NORTH MAIN | | |
| Medicare 1: 451672 | LOCKNEY, TX 79241 | | |
| Medicare 2: | | | Services: |
| Phone (806) 652-3000 | Fax (806) 652-2766 | Hospice | |
| Type: Parent Agency | Administrator | ROSIE RENDON | |
| County FLOYD | Region 01 | Date Licensed 12/16/1998 | Owner Information LOCKNEY GENERAL HOSPITAL DISTRICT PO BOX 278 LOCKNEY, TX 79241 |
| License # 006764 | MANGOLD MEMORIAL HOSPITAL HOME HEALTH CARE | | |
| Lic Expire 12/31/2018 | 104 N MAIN | | |
| Medicare 1: 459462 | LOCKNEY, TX 79241 | | |
| Medicare 2: | | | Services: |
| Phone (806) 652-2895 | Fax (806) 652-2607 | Licensed and Certified Home Health Services, Licensed Home Health Services | |
| Type: Parent Agency | Administrator | ALYSSA MCCARTER | |
| County FORT BEND | Region 06 | Date Licensed 01/24/2005 | Owner Information SERENITY CARE HOME HEALTH SERVICES INC PO BOX 451764 HOUSTON, TX 77545 |
| License # 009539 | SERENITY CARE HOME HEALTH SERVICES INC | | |
| Lic Expire 01/31/2018 | 1903 THISTLECREEK CT | | |
| Medicare 1: 457913 | FRESNO, TX 77545 | | |
| Medicare 2: | | | Services: |
| Phone (281) 431-6763 | Fax (281) 972-9570 | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services | |
| Type: Parent Agency | Administrator | SOLEDAD M GAY | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 10/05/2017 | Owner Information |
| License # | 018359 | | | | | SMITHER INFINITE HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 12222 NOBLE GLEN DRIVE |
| Medicare 1: | | | | | | FRESNO, TX 77545 |
| Medicare 2: | | | | | | |
| Phone | (832) 363-7017 | Fax | (832) 288-3782 | | | Services: |
| Type: | Parent Agency | Administrator | BERNARD UGWU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/25/2015 | Owner Information |
| License # | 017190 | | | | | INTEGRATED MANAGEMENT SOLUTIONS INC |
| Lic Expire | 10/31/2019 | | | | | P O BOX 529 |
| Medicare 1: | 67Q9029002 | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | |
| Phone | (281) 346-8012 | Fax | (281) 346-8014 | | | Services: |
| Type: | Branch Agency | Administrator | SUZANNE BOZEMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/20/2013 | Owner Information |
| License # | 015937 | | | | | RESIDENTIAL HEALTHCARE SERVICES, LLC. |
| Lic Expire | 12/31/2019 | | | | | 32602 WESTON COURT |
| Medicare 1: | 747952 | | | | | FULSHEAR, TX 77441 |
| Medicare 2: | | | | | | |
| Phone | (832) 226-3880 | Fax | (888) 496-0265 | | | Services: |
| Type: | Parent Agency | Administrator | JAMIE HARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/02/2005 | Owner Information |
| License # | 010169 | | | | | THE COLONY HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 5610 AVIS HILL COURT |
| Medicare 1: | 679714 | | | | | FULSHEAR, TX 77441 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-1733 | Fax | (281) 565-1738 | | | Services: |
| Type: | Parent Agency | Administrator | LOTIN ALFRED ALATAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/24/2017 | Owner Information |
| License # | 018076 | | | | | AEON HOME HEALTH CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 9235 HODGES BEND DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (713) 319-6210 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | LOAN PHAM | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/24/2010 | Owner Information |
| License # | 013191 | | | | | GUIDING HOME CARE INC. |
| Lic Expire | 03/31/2018 | | | | | P.O. BOX 769 |
| Medicare 1: | 747701 | | | | | FRESNO, TX 77545 |
| Medicare 2: | | | | | | |
| Phone | (281) 530-8181 | Fax | (281) 530-8188 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINA KIZZEE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/30/2017 | Owner Information |
| License # | 018202 | | | | | HOUSTON VITAL SIGNS INC |
| Lic Expire | 04/30/2019 | | | | | 435 MURPHY RD # 227 |
| Medicare 1: | 747817 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 208-7153 | Fax | (281) 676-5089 | | | Services: |
| Type: | Parent Agency | Administrator | JA'VONICA MOTEN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/19/2010 | Owner Information |
| License # | 013078 | | | | | KATY DREAMWEAVER HOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2018 | | | | | 24110 COURTLAND OAKS |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (713) 294-7999 | Fax | (281) 391-9372 | | | Services: |
| Type: | Parent Agency | Administrator | NICHOLAUS OSBORNE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 03/26/2014 | Owner Information |
| License # | 016147 | | | | | PATHFINDER HEALTHCARE LLC |
| Lic Expire | 03/31/2018 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | 679334 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 574-3701 | Fax | (281) 574-3710 | | | Services: |
| Type: | Parent Agency | Administrator | ROSS VINCENT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/23/2014 | Owner Information |
| License # | 016613 | | | | | EMBRACE HOME HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 7400 HARWIN DR SUITE 190 |
| Medicare 1: | 747316 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 237-6600 | Fax | (832) 237-6601 | | | Services: |
| Type: | Parent Agency | Administrator | ROXANE CITIZEN SANDEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/06/2010 | Owner Information |
| License # | 013754 | | | | | CASPER WENDIES INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 2122 LUCY LANE |
| Medicare 1: | 747711 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 885-9271 | Fax | (713) 270-4368 | | | Services: |
| Type: | Parent Agency | Administrator | DEANNA PHAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/04/2012 | Owner Information |
| License # | 014561 | | | | | ABET LIFE INC |
| Lic Expire | 01/31/2020 | | | | | 4502 RIVERSTONE BLVD STE 502 |
| Medicare 1: | 747811 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 431-1900 | Fax | (281) 715-4900 | | | Services: |
| Type: | Parent Agency | Administrator | ELSY J ANTONY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/25/2014 | Owner Information |
| License # | 016447 | | | | | ADM PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 12630 ALDERWOOD DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (832) 299-9711 | Fax | (866) 778-1455 | | | Services: |
| Type: | Parent Agency | Administrator | NICHOLE GLADNEY | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/28/2012 | Owner Information |
| License # | 014830 | | | | | ANGEL HOME HEALTH CARE, LLC |
| Lic Expire | 03/31/2018 | | | | | 4227 SHADY VILLAGE CT |
| Medicare 1: | 747067 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-7043 | Fax | (281) 969-7045 | | | Services: |
| Type: | Parent Agency | Administrator | BEATREES J PATHIYIL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/02/2016 | Owner Information |
| License # | 017764 | | | | | ASSIST PRIVATE CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 8811 SIENNA SPRING BLVD SUITE 521 |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (832) 342-7399 | Fax | (281) 271-8104 | | | Services: |
| Type: | Parent Agency | Administrator | CURT CHALIFOUR | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/28/2017 | Owner Information |
| License # | 018344 | | | | | BEST IN CARE HOME SERVICE LLC |
| Lic Expire | 09/30/2019 | | | | | P O BOX 378 |
| Medicare 1: | | | | | | FRESNO, TX 77545 |
| Medicare 2: | | | | | | |
| Phone | (713) 377-6542 | Fax | (713) 969-4966 | | | Services: |
| Type: | Parent Agency | Administrator | KARLENE BEST | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 12/31/2008 | Owner Information |
| License # | 012373 | | | | | COLETTE T EMENOGU |
| Lic Expire | 12/31/2018 | | | | | 3902 SILVER RIDGE BLVD |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (713) 858-1562 | Fax | (281) 431-5612 | | | Services: |
| Type: | Parent Agency | Administrator | COLLETTE EMENOGU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/24/2017 | Owner Information |
| License # | 017870 | | | | | CARTWRIGHT HOME HEALTH, LLC |
| Lic Expire | 01/31/2019 | | | | | 445 FM 1092, SUITE #101-G |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-8491 | Fax | (281) 539-1541 | | | Services: |
| Type: | Parent Agency | Administrator | ABEY ABRAHAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/20/2017 | Owner Information |
| License # | 018180 | | | | | CC MEDICAL GROUP CORPORATION |
| Lic Expire | 07/31/2019 | | | | | 2815 GREEN MEADOW CT |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 446-3612 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | JUSTINA OBARETIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/03/2011 | Owner Information |
| License # | 014137 | | | | | CHRISDAVNET CARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 3603 TRAIL BEND |
| Medicare 1: | 747684 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (713) 589-2953 | Fax | (713) 429-5123 | | | Services: |
| Type: | Parent Agency | Administrator | DAVNET C OKEKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/26/2014 | Owner Information |
| License # | 016398 | | | | | CJ HEALTHCARE, INC. |
| Lic Expire | 08/31/2018 | | | | | 738 TURTLE CREEK |
| Medicare 1: | 747057 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 437-7706 | Fax | (281) 437-9706 | | | Services: |
| Type: | Parent Agency | Administrator | JOSSY ESEK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 11/05/2004 | Owner Information |
| License # | 009394 | | | | | CN HEALTHCARE INC |
| Lic Expire | 11/30/2018 | | | | | 13250 S. GESSNER RD. |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 995-9995 | Fax | (713) 995-9992 | | | Services: |
| Type: | Parent Agency | Administrator | CHICHI UGWU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/20/2013 | Owner Information |
| License # | 015774 | | | | | MSM FINANCIALS INC |
| Lic Expire | 09/30/2019 | | | | | 4501 CARTWRIGHT RD SUITE 408 |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (832) 539-6901 | Fax | (832) 539-6904 | | | Services: |
| Type: | Parent Agency | Administrator | FARHAT FAROOQ | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/02/2015 | Owner Information |
| License # | 016803 | | | | | COTEL HEALTHCARE SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 2842 W PEBBLE BEACH DR #B |
| Medicare 1: | 747068 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 277-0610 | Fax | (281) 277-0611 | | | Services: |
| Type: | Parent Agency | Administrator | JOSSY ESEK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 05/22/2017 | <u>Owner Information</u> |
| License # | 018066 | | | | | EXECUTIVE CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 15206 CAROL CHASE CIRCLE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 450-3627 | Fax | (281) 438-0563 | | | Services: |
| Type: | Parent Agency | Administrator | DELORIS THORNTON | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/19/2016 | <u>Owner Information</u> |
| License # | 017682 | | | | | HAYES IN HOME CARE, INC |
| Lic Expire | 10/31/2018 | | | | | 2403 EDGEDALE DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-8680 | Fax | (469) 609-0618 | | | Services: |
| Type: | Parent Agency | Administrator | EDITH BRYANT-HAYES | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/29/2018 | <u>Owner Information</u> |
| License # | 018579 | | | | | FREEDOM DIALYSIS INC |
| Lic Expire | 01/31/2020 | | | | | 7746 HIGHWAY 6 SUITE C |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-5387 | Fax | (346) 304-2173 | | | Services: |
| Type: | Parent Agency | Administrator | VULINDA R JONES | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 05/02/2012 | <u>Owner Information</u> |
| License # | 014773 | | | | | GODROCK HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 2131 SUMMIT MEADOW DR |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (832) 762-8414 | Fax | (281) 374-4383 | | | Services: |
| Type: | Parent Agency | Administrator | CHARITY NNEKA OKAFOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/04/2017 | <u>Owner Information</u> |
| License # | 018483 | | | | | GOUCS HEALTHCARE SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 1403 ORCHID DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 791-3588 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | UGOCHI AKWARANDU | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/25/2004 | <u>Owner Information</u> |
| License # | 009268 | | | | | GRACES TLC HOME INC |
| Lic Expire | 08/31/2019 | | | | | 8700 COMMERCE #204 |
| Medicare 1: | 457862 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 204-7735 | Fax | (281) 499-0757 | | | Services: |
| Type: | Parent Agency | Administrator | GRACE JOSEPH | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/21/2003 | <u>Owner Information</u> |
| License # | 008373 | | | | | RONALD L NORSWORTHY INC |
| Lic Expire | 03/31/2018 | | | | | 6515 HARBOR MIST |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 207-5359 | Fax | (281) 783-8973 | | | Services: |
| Type: | Parent Agency | Administrator | RONALD L NORSWORTHY | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/02/2007 | <u>Owner Information</u> |
| License # | 011054 | | | | | IDEAL CARE PROVIDERS INC |
| Lic Expire | 02/28/2019 | | | | | 2203 WHIRLAWAY DR |
| Medicare 1: | 679794 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 499-9512 | Fax | (281) 499-9583 | | | Services: |
| Type: | Parent Agency | Administrator | JUSTINA ONUH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 02/27/2012 | <u>Owner Information</u> |
| License # | 014662 | | | | | INFOCUS HEALTH, LLC |
| Lic Expire | 02/28/2018 | | | | | 1907 APPLETON DRIVE |
| Medicare 1: | 747835 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (832) 398-4119 | Fax | (832) 288-4335 | | | Services: |
| Type: | Parent Agency | Administrator | CHIDI MATHEW OBINANI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/16/2010 | <u>Owner Information</u> |
| License # | 013173 | | | | | JESTCO HEALTH CARE, INC. |
| Lic Expire | 03/31/2018 | | | | | 2118 SILVERLEAF DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 414-8799 | Fax | (281) 403-4996 | | | Services: |
| Type: | Parent Agency | Administrator | AUGUSTINE OKUKPE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/12/2016 | <u>Owner Information</u> |
| License # | 017725 | | | | | LIFETIME HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 1910 TIMBER CREEK DRIVE |
| Medicare 1: | 673186 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (713) 204-1908 | Fax | (281) 438-5761 | | | Services: |
| Type: | Parent Agency | Administrator | JACKSON IGBINOBA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/17/2012 | <u>Owner Information</u> |
| License # | 014584 | | | | | MANIFESTATION HOME HEALTHCARE, INC. |
| Lic Expire | 01/31/2020 | | | | | 8207 ALISO CANYON LANE |
| Medicare 1: | 747849 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 313-0535 | Fax | (281) 313-0532 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA OJIGHO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/09/2007 | <u>Owner Information</u> |
| License # | 011515 | | | | | MAYFLOWER HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 3703 PENNINGTON CT |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (832) 875-3173 | Fax | (281) 778-6157 | | | Services: |
| Type: | Parent Agency | Administrator | MEDINAT MAYO SHOFOLUWE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/19/2006 | <u>Owner Information</u> |
| License # | 010399 | | | | | MEGA HEALTH CARE PROVIDERS INC |
| Lic Expire | 04/30/2018 | | | | | 1202 N ARBOR BOUGH CIRCLE |
| Medicare 1: | 679695 | | | | | FRESNO, TX 77545 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-8886 | Fax | (281) 969-8887 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET MBACHU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/09/2009 | <u>Owner Information</u> |
| License # | 012697 | | | | | MIRACLE HANDS HEALTHCARE SERVICES CORPORATION |
| Lic Expire | 07/31/2019 | | | | | 1446 CARTWRIGHT ROAD |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 975-1001 | Fax | (713) 975-1003 | | | Services: |
| Type: | Parent Agency | Administrator | SIKIRAT F ALABI | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/09/2017 | <u>Owner Information</u> |
| License # | 018058 | | | | | MODESTY HOME HEALTH LLC |
| Lic Expire | 03/31/2019 | | | | | 7218 COLONY BEND LN |
| Medicare 1: | 747733 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 261-0721 | Fax | (832) 539-1541 | | | Services: |
| Type: | Parent Agency | Administrator | ABEY ABRAHAM | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 07/27/2010 | Owner Information |
| License # | 013497 | | | | | NESTAR MED CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 2926 RICHLAND SPRING LANE |
| Medicare 1: | | | | | | SUGARLAND, TX 77479 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 903-7613 | Fax | (832) 532-7504 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STELLA UMWENI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 07/06/2017 | Owner Information |
| License # | 018147 | | | | | NEXTGEN HOSPICE CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 1806 CRESCENT OAK DR |
| Medicare 1: | 741699 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 630-0483 | Fax | (281) 674-8901 | | | Hospice |
| Type: | Parent Agency | Administrator | TOM T KURIAN | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 05/24/2017 | Owner Information |
| License # | 018069 | | | | | REAL COMFORT HEALTHCARE INC |
| Lic Expire | 05/31/2019 | | | | | 1138 TURTLE CREEK DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 300-8765 | Fax | (281) 437-6622 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LILIAN AGBA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 09/13/2006 | Owner Information |
| License # | 010739 | | | | | REDEEMED HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 2440 TEXAS PARKWAY SUITE 345 |
| Medicare 1: | 743154 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 771-7121 | Fax | (713) 771-7131 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMUEL SOMOYE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/01/2006 | Owner Information |
| License # | 010302 | | | | | PRIME RELIABLE HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 8323 SOUTHWEST FREEWAY SUITE 655 |
| Medicare 1: | 679017 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 437-0800 | Fax | (281) 437-0803 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCY OKON | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/15/2008 | Owner Information |
| License # | 012369 | | | | | SHALOM HEALTH CARE SERVICES INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 9888 BISSONNET SUITE 580 |
| Medicare 1: | 673155 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 886-4881 | Fax | (832) 886-4883 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLES OKORIE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 02/21/2007 | Owner Information |
| License # | 011081 | | | | | ST GREGORY HEALTHCARE SERVICES LLC |
| Lic Expire | 02/29/2020 | | | | | 3642 YANKEE CT |
| Medicare 1: | 747306 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 567-7357 | Fax | (281) 416-9337 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA LUISA WHEELER | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 02/04/2014 | Owner Information |
| License # | 016015 | | | | | SUGAR HEARTS HOME HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 1934 PLUM CREEK LANE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 978-5123 | Fax | (281) 206-2255 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NDUBUISI DAVID ODIMEGWU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 04/15/2010 | Owner Information |
| License # | 013257 | | | | | TILTON HEALTHCARE INC |
| Lic Expire | 04/30/2018 | | | | | 3210 CHERRY CREEK DR |
| Medicare 1: | 679443 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-7585 | Fax | (281) 969-7587 | | | Services: |
| Type: | Parent Agency | Administrator | DORETTA PERRO FISHER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/08/2010 | Owner Information |
| License # | 013760 | | | | | TRICOR HOME HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 10031 PLANTATION MILL PLACE |
| Medicare 1: | 747814 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 710-4232 | Fax | (281) 710-4237 | | | Services: |
| Type: | Parent Agency | Administrator | AUGUSTA COOPER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/12/2012 | Owner Information |
| License # | 015196 | | | | | TRI-FLEXSI HOME HEALTH CARE, INC. |
| Lic Expire | 10/31/2018 | | | | | 2207 BLODGETT STREET |
| Medicare 1: | 747421 | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (713) 528-8100 | Fax | (713) 528-8105 | | | Services: |
| Type: | Parent Agency | Administrator | RITA TRIMMER RAY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/22/2006 | Owner Information |
| License # | 010567 | | | | | UNITY CARE HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | | 906 DERBY LN |
| Medicare 1: | 679590 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-8545 | Fax | (832) 539-1339 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA BOUTTE | | | Licensed and Certified Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/12/2010 | Owner Information |
| License # | 013314 | | | | | VCA CARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 6519 BRIARGATE TRAIL |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (832) 328-7064 | Fax | (281) 438-4420 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR ADIKAIBE | | | Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/19/2010 | Owner Information |
| License # | 013179 | | | | | LISSETT HARRIS |
| Lic Expire | 03/31/2018 | | | | | 7818 TALLADEGA SPRINGS LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-0261 | Fax | (281) 277-0236 | | | Services: |
| Type: | Parent Agency | Administrator | LISSETT HARRIS | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/21/2016 | Owner Information |
| License # | 017644 | | | | | HOAGLAND & SCIBA I, LLC |
| Lic Expire | 09/30/2018 | | | | | 19655 U.S. HIGHWAY 77 NORTH |
| Medicare 1: | 679322 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | |
| Phone | (855) 485-2220 | Fax | (361) 485-2221 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES DAVID HOAGLAND | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/21/2013 | Owner Information |
| License # | 015553 | | | | | ALBRIGHT HOME HEALTH, INC. |
| Lic Expire | 05/31/2019 | | | | | 6514 CANYON CHASE DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 342-1974 | Fax | (281) 342-9912 | | | Services: |
| Type: | Parent Agency | Administrator | BOLA STEPHEN | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 08/18/2017 | <u>Owner Information</u> |
| License # | 018256 | | | | | ALL AMERICAN STAR HOSPICE INC |
| Lic Expire | 08/31/2019 | | | | | 6519 PONDER CHASE COURT |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 545-0247 | Fax | (713) 955-9671 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA NDUBISI | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 11/17/2015 | <u>Owner Information</u> |
| License # | 017130 | | | | | AMAZING ANGELS HOME CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 2002 MARTIN LAKE CT |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | |
| Phone | (832) 833-5180 | Fax | (832) 363-3296 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA VINTON DUARTE | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/08/2011 | <u>Owner Information</u> |
| License # | 014026 | | | | | AMAZING CAREGIVERS HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 7510 BRIGHT LAKE BEND LANE |
| Medicare 1: | | | | | | FORT BEND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 703-5770 | Fax | (832) 437-1299 | | | Services: |
| Type: | Parent Agency | Administrator | CLARA IRIELE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/29/2004 | <u>Owner Information</u> |
| License # | 009221 | | | | | AMEURO HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 301 SOUTH 9TH STREET SUITE 210 |
| Medicare 1: | 673191 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 238-6045 | Fax | (281) 238-6046 | | | Services: |
| Type: | Parent Agency | Administrator | ERNEST ONWUHARONEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/06/2007 | <u>Owner Information</u> |
| License # | 011375 | | | | | ASCON HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 10611 CLAYTHORNE CT |
| Medicare 1: | 747202 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (281) 207-9602 | Fax | (281) 207-9601 | | | Services: |
| Type: | Parent Agency | Administrator | NNENNA ASONYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017611 | | | | | BAYSHINE HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 9015 PEACH STONE CT |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 462-0250 | Fax | (832) 538-0971 | | | Services: |
| Type: | Parent Agency | Administrator | YEMISI BOLARINDE | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/25/2009 | <u>Owner Information</u> |
| License # | 012464 | | | | | C & E HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 7207 LINCOLN HEIGHTS CT |
| Medicare 1: | 747545 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (281) 238-9513 | Fax | (281) 238-9820 | | | Services: |
| Type: | Parent Agency | Administrator | EMILY ATAGHAUMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/09/2016 | <u>Owner Information</u> |
| License # | 017389 | | | | | CAREBASICS LLC |
| Lic Expire | 05/31/2018 | | | | | 11210 CELANO DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | |
| Phone | (832) 534-2137 | Fax | (832) 534-2165 | | | Services: |
| Type: | Parent Agency | Administrator | LESLIE NWANKWO | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 09/14/2017 | Owner Information |
| License # | 018321 | | | | | CAREPLEX HOSPICE INC |
| Lic Expire | 09/30/2019 | | | | | 6519 PONDER CHASE COURT |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 545-0247 | Fax | (713) 955-9671 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA NDUBISI | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 07/28/2006 | Owner Information |
| License # | 010642 | | | | | CHINYERE E CHUKWUKU |
| Lic Expire | 07/31/2019 | | | | | 6118 TERRELL HILLS |
| Medicare 1: | 747177 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (713) 252-6780 | Fax | (281) 232-8311 | | | Services: |
| Type: | Parent Agency | Administrator | CHINYERE CHUKWUKA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/31/2016 | Owner Information |
| License # | 017711 | | | | | DAKUS VENTURES, INC. |
| Lic Expire | 10/31/2018 | | | | | 3014 W. HAMPTON DR |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (832) 274-9761 | Fax | (832) 672-6136 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA ADAKU ONYEJIAKA | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/13/2014 | Owner Information |
| License # | 016204 | | | | | DELMAR HEALTH SERVICES INCORPORATED |
| Lic Expire | 05/31/2018 | | | | | 20802 MANSFIELD BAY LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (281) 813-4718 | Fax | (832) 451-6906 | | | Services: |
| Type: | Parent Agency | Administrator | MIRRIAM A ASHU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/30/2014 | Owner Information |
| License # | 016545 | | | | | EBRA HOME HEALTH SERVICES, INC. |
| Lic Expire | 07/31/2018 | | | | | 301 SOUTH 9TH STREET SUITE 217 |
| Medicare 1: | 747033 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 762-7138 | Fax | (281) 762-7914 | | | Services: |
| Type: | Parent Agency | Administrator | VINCENT AKUJOBI EHIRIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/02/2017 | Owner Information |
| License # | 018218 | | | | | EMPERIAL UNIVERSAL HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 5027 GOLD HAVEN DR |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (973) 901-0844 | Fax | (832) 917-0902 | | | Services: |
| Type: | Parent Agency | Administrator | CHIMERE OBUMNEME JAMES NWODU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/12/2008 | Owner Information |
| License # | 012363 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 10/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 458285 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (281) 342-2326 | Fax | (281) 341-5886 | | | Services: |
| Type: | Parent Agency | Administrator | LISA HILBURN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/25/2005 | Owner Information |
| License # | 009549 | | | | | EVENING STAR HEALTHCARE INC |
| Lic Expire | 01/31/2018 | | | | | 6111 EVENING SUN CT |
| Medicare 1: | 677984 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 344-1411 | Fax | (281) 344-1611 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL MBIDOKA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 02/02/2015 | <u>Owner Information</u> |
| License # | 016628 | | | | | EXTENSION HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 1441 |
| Medicare 1: | | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 405-7249 | Fax | (817) 405-7254 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RODERICK WALKER | | | |
| County | FORT BEND | Region | 06 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | FAIRMONT HOSPICE |
| Lic Expire | | | | | | 300 JACKSON ST |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 846-7742 | Fax | (888) 251-8801 | | | |
| Type: | Parent Agency | Administrator | ONIEL KURUP | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/13/2016 | <u>Owner Information</u> |
| License # | 017783 | | | | | FAITH HOME CARE AGENCY LLC |
| Lic Expire | 12/31/2018 | | | | | 4003 LAKE BRAZOS LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 750-0900 | Fax | (281) 750-0901 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBO JOKODOLA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 02/12/2007 | <u>Owner Information</u> |
| License # | 011066 | | | | | FELVIN HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 17407 KENTON CROSSING LANE |
| Medicare 1: | 747690 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 277-7445 | Fax | (281) 277-1208 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VINCENT ISOKPEHI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/27/2017 | <u>Owner Information</u> |
| License # | 018467 | | | | | FEYLAN HOME HEALTH LLC |
| Lic Expire | 11/30/2019 | | | | | 7115 S. MASON RD. APT. #514 |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (609) 233-8366 | Fax | (609) 233-8366 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUFEMI D. ADEBIMPE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 09/15/2016 | <u>Owner Information</u> |
| License # | 017630 | | | | | FIRST HOME CARE SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 8620 GRAND MISSION BLVD., SUITE I |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 847-4592 | Fax | (832) 847-4756 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHINYERE IHEK | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/01/2015 | <u>Owner Information</u> |
| License # | 016916 | | | | | FIRSTSTEP HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 1210 WATERMOON CT |
| Medicare 1: | 747228 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 378-5998 | Fax | (281) 762-7789 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANELKYS OLIVA POMPA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 11/14/2016 | Owner Information |
| License # | 017736 | | | | | FORWARD HEALTH CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 2307 NORTH ST STE 105 |
| Medicare 1: | | | | | | BEAUMONT, TX 77702 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 550-4921 | Fax | (713) 762-2806 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FAITH B ROSS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018222 | | | | | FRANCAS HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 5023 BEECH FERN DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (407) 466-0877 | Fax | (832) 917-0929 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCISCA NONYELUM OKADIGBO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 10/19/2016 | Owner Information |
| License # | 017684 | | | | | VICTORIA ELECHI TASIE |
| Lic Expire | 10/31/2018 | | | | | 18107 FLOWER GROVE CT |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 452-0672 | Fax | (832) 917-0929 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTORIA ELECHI TASIE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/14/2013 | Owner Information |
| License # | 015306 | | | | | GOODWILL HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 21906 RUSTIC CANYON LN |
| Medicare 1: | 747932 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 368-2168 | Fax | (832) 553-7615 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ISIOMA OZONOH | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/29/2011 | Owner Information |
| License # | 014552 | | | | | HANDS-ON LIVING HEALTH CARE SERVICES, INC. |
| Lic Expire | 12/31/2019 | | | | | 21219 GRANITE TRAIL LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 232-9899 | Fax | (281) 232-9833 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IFEOMA ROSEMARY AGWUNOBI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/07/2006 | Owner Information |
| License # | 010855 | | | | | J P HEALTHCARE SERVICES INC. |
| Lic Expire | 11/30/2019 | | | | | 8510 SOLITUDE HILL LN |
| Medicare 1: | 743147 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 459-7661 | Fax | (281) 762-0035 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHIKA IWUCHUKWU | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 02/15/2016 | Owner Information |
| License # | 017383 | | | | | JALSTAD VENTURES INC. |
| Lic Expire | 02/28/2018 | | | | | 15116B BELLAIRE BLVD |
| Medicare 1: | 677826 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-2967 | Fax | (713) 271-3031 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADEKOLA ADAMS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/30/2016 | Owner Information |
| License # | 017313 | | | | | JD HOMECARE INC. |
| Lic Expire | 01/31/2018 | | | | | 19003 SPRING MEADOWS LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 344-1091 | Fax | (281) 344-9818 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GEORGE MOFFATT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 10/27/2017 | <u>Owner Information</u> |
| License # | 018407 | | | | | JESCAN LLC |
| Lic Expire | 10/31/2019 | | | | | 4310 TOLEDO BEND DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 226-8369 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTHONIE D RICH | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 07/17/2014 | <u>Owner Information</u> |
| License # | 016428 | | | | | JOHAD HEALTHCARE SERVICES, INC. |
| Lic Expire | 07/31/2018 | | | | | 8614 SENTOSA WOODS COURT |
| Medicare 1: | 747528 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 595-1733 | Fax | (832) 595-1760 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TEMITOPE ADAMS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 05/21/2015 | <u>Owner Information</u> |
| License # | 016815 | | | | | K2 HOLISTIC HEALTHCARE SERVICES, INC. |
| Lic Expire | 05/31/2019 | | | | | 6418 BINALONG DRIVE |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 608-6001 | Fax | (832) 608-6001 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOEL ADA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 04/29/2011 | <u>Owner Information</u> |
| License # | 014069 | | | | | KC HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 703 |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 238-0567 | Fax | (281) 238-0708 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CATHERINE ORAKPO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/10/2017 | <u>Owner Information</u> |
| License # | 017847 | | | | | KEMA CARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 5827 CRESTVIEW COVE |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 859-8777 | Fax | (281) 596-4441 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IKE ALARIBE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 02/17/2006 | <u>Owner Information</u> |
| License # | 010565 | | | | | FLANEL HEALTHCARE SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | 301 SOUTH 9TH STREET #204 |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 633-2800 | Fax | (281) 633-2601 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH BABALOLA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 09/17/2017 | <u>Owner Information</u> |
| License # | 018373 | | | | | LILY HOME HEALTH, INC. |
| Lic Expire | 09/30/2019 | | | | | 1601 MAIN STREET SUITE 600 |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 977-0157 | Fax | (281) 806-5967 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORBERT EMEKA EMERI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 10/15/2010 | <u>Owner Information</u> |
| License # | 013647 | | | | | LIMEC HEALTH CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 7419 COLBY RUN CT |
| Medicare 1: | 747773 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 266-6611 | Fax | (832) 553-2506 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LILIAN N CHINEDO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 06/07/2012 | Owner Information |
| License # | 014850 | | | | | M & M HEALTHCARE GROUP INC. |
| Lic Expire | 06/30/2018 | | | | | 1107 UPAS AVE |
| Medicare 1: | 747921 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 574-0950 | Fax | (956) 574-0955 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARA BARRIOS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/27/2011 | Owner Information |
| License # | 014549 | | | | | M & K HEALTHCARE SERVICES |
| Lic Expire | 12/31/2017 | | | | | 7015 GARNET LAKE CT |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 820-3543 | Fax | (832) 451-6898 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIVIAN ELEGE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/28/2005 | Owner Information |
| License # | 009839 | | | | | MARITONA HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 11615 LANTANA REACH DR |
| Medicare 1: | 677958 | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 933-3500 | Fax | (281) 933-3505 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ONUWABHAGBE CHRISTIAN ITUAH | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 03/07/2007 | Owner Information |
| License # | 011131 | | | | | MERCYFULL HOME HEALTH INC |
| Lic Expire | 03/31/2016 | | | | | 17111 SIMON CT |
| Medicare 1: | 743190 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 320-7658 | Fax | (281) 232-3500 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCY GRANT | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/09/2017 | Owner Information |
| License # | 018439 | | | | | MOFE HEALTHCARE SERVICES, LLC |
| Lic Expire | 11/30/2019 | | | | | 10906 GIFFNOCK DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 762-5833 | Fax | (832) 538-0971 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IMA OGOLO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 08/30/2012 | Owner Information |
| License # | 015040 | | | | | MOLAD HEALTHCARE SERVICES, INC. |
| Lic Expire | 08/31/2018 | | | | | 1623 MARTIN LAKE DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 654-7636 | Fax | (281) 762-3303 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABUBAKAR O. MOLADE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 08/30/2013 | Owner Information |
| License # | 015742 | | | | | NICOLEST HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 18446 AUSTIN OAK LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 459-1705 | Fax | (281) 762-7895 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDWINA DOUGLAS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/05/2012 | Owner Information |
| License # | 014839 | | | | | OMNI DIVINE HEALTH SERVICES, LLC |
| Lic Expire | 06/30/2018 | | | | | 17743 PLANTERS PATH LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 787-7789 | Fax | (832) 363-3649 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOY C.U. MOSES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 08/29/2012 | Owner Information |
| License # | 015035 | | | | | P&J HEALTHCARE SYSTEM, INC. |
| Lic Expire | 08/31/2018 | | | | | 1455 FM 646 WEST SUITE 204 |
| Medicare 1: | | | | | | DICKINSON, TX 77573 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 494-4413 | Fax | (281) 564-7326 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VALLERY S. ADA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 04/10/2017 | Owner Information |
| License # | 017992 | | | | | PAIX HEALTH SERVICES, INC. |
| Lic Expire | 04/30/2019 | | | | | 7311 EDEN CROSSING LANE |
| Medicare 1: | 747389 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 313-5255 | Fax | (281) 565-0697 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STELLA EKPRUKE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/27/2007 | Owner Information |
| License # | 011927 | | | | | PASSION CENTRAL HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2017 | | | | | 3300 SOUTH GESSNER SUITE #247 |
| Medicare 1: | 677933 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 251-2936 | Fax | (832) 251-2570 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOY NWOKE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/02/2015 | Owner Information |
| License # | 017159 | | | | | PRECISE CARE SERVICES LLC |
| Lic Expire | 12/31/2017 | | | | | 20214 EMERALD CLIFF LN |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 839-5277 | Fax | (713) 422-2312 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLAIDE AKINYINDA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/12/2017 | Owner Information |
| License # | 018000 | | | | | PRESTIGE NURSING SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7218 WOODED LAKE LANE |
| Medicare 1: | 679649 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 344-8200 | Fax | (281) 238-6401 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORBERT EMEKA EMERI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/17/2011 | Owner Information |
| License # | 014476 | | | | | QUINCY HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 2506 SUMMER HAVEN LN |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 425-5235 | Fax | (832) 595-8160 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIE OKAFOR | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/05/2010 | Owner Information |
| License # | 013695 | | | | | RASHA HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 17914 SUNSHINE TRACE LN |
| Medicare 1: | 747704 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 491-0626 | Fax | (281) 491-0631 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAOFEEKAT AJIBADE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 02/15/2007 | Owner Information |
| License # | 011072 | | | | | REEZ HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | 301 SOUTH 9TH STREET SUITE 108 |
| Medicare 1: | 743184 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 239-3118 | Fax | (281) 762-0690 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAPHAEL NWAJIAKU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 11/12/2015 | Owner Information |
| License # | 017126 | | | | | REEZ PEDIATRIC HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 301 SOUTH 9TH STREET #108 |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 239-3118 | Fax | (281) 762-0690 | | | Services: |
| Type: | Parent Agency | Administrator | RAPHAEL A NWAJIAKU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/16/2006 | Owner Information |
| License # | 010547 | | | | | RELIEF HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 1322 KERN CANYON LANE |
| Medicare 1: | 679632 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 731-1021 | Fax | (281) 238-9890 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN IRIELE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/10/2012 | Owner Information |
| License # | 014567 | | | | | RESPONSE HEALTHCARE SERVICES, INC. |
| Lic Expire | 01/31/2018 | | | | | 8449 WEST BELLFORT STREET SUITE 225 |
| Medicare 1: | 747854 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 234-7758 | Fax | (281) 903-7655 | | | Services: |
| Type: | Parent Agency | Administrator | NNENNA AJUGHU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/05/2012 | Owner Information |
| License # | 014913 | | | | | REX HEALTHCARE, INC. |
| Lic Expire | 07/31/2018 | | | | | 102 E ALAMO ST #200A |
| Medicare 1: | | | | | | BRENNHAM, TX 77833 |
| Medicare 2: | | | | | | |
| Phone | (979) 661-0321 | Fax | (979) 232-2141 | | | Services: |
| Type: | Parent Agency | Administrator | ISAAC OTADORO | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/06/2014 | Owner Information |
| License # | 016461 | | | | | SAVIOR CARE HOME SERVICES |
| Lic Expire | 10/31/2018 | | | | | 7118 ROCKY RIDGE LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 417-8629 | Fax | (281) 232-3010 | | | Services: |
| Type: | Parent Agency | Administrator | SABINUS NDULAKA | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/05/2009 | Owner Information |
| License # | 012485 | | | | | ST PATRICK HOME HEALTH SERVICES |
| Lic Expire | 03/31/2019 | | | | | 17639 TRINITY MEADOW LANE |
| Medicare 1: | 747230 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 532-7586 | Fax | (281) 762-0449 | | | Services: |
| Type: | Parent Agency | Administrator | WALEOLA ADEBOWALE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/31/2015 | Owner Information |
| License # | 016718 | | | | | STAMD HEALTH CARE INCORPORATED |
| Lic Expire | 03/31/2019 | | | | | 234 MEYER ST. SUITE L |
| Medicare 1: | | | | | | SEALY, TX 77474 |
| Medicare 2: | | | | | | |
| Phone | (443) 938-8399 | Fax | (832) 535-3899 | | | Services: |
| Type: | Parent Agency | Administrator | ADEBULOSA OYESILE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/15/2017 | Owner Information |
| License # | 018246 | | | | | STEADFAST CARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 17719 CANYON BLOOM LN |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 486-7212 | Fax | (832) 538-0971 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH K AFOLABI | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 09/18/2015 | Owner Information |
| License # | 017167 | | | | | TANDEM HEALTH SERVICES, INC. |
| Lic Expire | 09/30/2019 | | | | | 5826 ACACIA ROSE COURT |
| Medicare 1: | 677993 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (281) 980-2009 | Fax | (832) 514-3646 | | | Services: |
| Type: | Parent Agency | Administrator | JORFUI DOLLY KANDEH-DABO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/12/2015 | Owner Information |
| License # | 016851 | | | | | TEG HOME HEALTH AGENCY LLC |
| Lic Expire | 06/30/2019 | | | | | 702 N RICHMOND RD SUITE E |
| Medicare 1: | | | | | | WHARTON, TX 77488 |
| Medicare 2: | | | | | | |
| Phone | (979) 618-1328 | Fax | (979) 320-0159 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNMIKE GEORGE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/31/2009 | Owner Information |
| License # | 013293 | | | | | TRANS AMERICAN HEALTHCARE INC |
| Lic Expire | 12/31/2019 | | | | | 19511 PLANTATION ORCHARD LN |
| Medicare 1: | 679389 | | | | | HOUSTON, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (281) 232-9273 | Fax | (281) 232-9274 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA OFOEGBU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/09/2008 | Owner Information |
| License # | 012094 | | | | | W C HOME HEALTH SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 5011 MOURNING DOVE DR |
| Medicare 1: | 679508 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 633-0011 | Fax | (281) 633-0022 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA COVARRUBIAS | | | Licensed and Certified Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/20/2009 | Owner Information |
| License # | 012721 | | | | | TREASURE CARE HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 7902 LINDEN OAKS LANE |
| Medicare 1: | 747583 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 866-8660 | Fax | (832) 363-1436 | | | Services: |
| Type: | Parent Agency | Administrator | PATIENCE OZURUMBA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/13/2017 | Owner Information |
| License # | 018319 | | | | | TRUTOUCH HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 11235 DUNSTAN HILL DR |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (713) 874-4782 | Fax | (281) 201-2038 | | | Services: |
| Type: | Parent Agency | Administrator | EKPE OKORAFOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/14/2017 | Owner Information |
| License # | 018514 | | | | | UNITED PALLIATIVE & HOSPICE CARE INC |
| Lic Expire | 12/31/2019 | | | | | 6519 PONDER CHASE COURT |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | |
| Phone | (832) 545-0247 | Fax | (713) 955-9671 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA NDUBISI | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 07/23/2015 | Owner Information |
| License # | 017143 | | | | | A-UNC HEALTHCARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 3015 FERN BROOK LN |
| Medicare 1: | 747098 | | | | | ROSENBERG, TX 77471 |
| Medicare 2: | | | | | | |
| Phone | (281) 201-6088 | Fax | (281) 201-6228 | | | Services: |
| Type: | Parent Agency | Administrator | ADA U BROWN | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|---|
| County | FORT BEND | Region | 06 | Date Licensed | 12/10/2003 | Owner Information |
| License # | 008799 | | | | | ALIEF HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 25723 CANYON CROSSING DR |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 595-0189 | Fax | (832) 595-0193 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMEKA C NWOSU | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/18/2016 | Owner Information |
| License # | 017750 | | | | | ALLIED CARE HOSPICE |
| Lic Expire | 11/30/2018 | | | | | PO BOX 740741 |
| Medicare 1: | | | | | | HOUSTON, TX 77274 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 515-3020 | Fax | (281) 568-0093 | | | Hospice |
| Type: | Parent Agency | Administrator | HENRY OKONMA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 017569 | | | | | BENEFICIAL CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 8006 LAKE COMMONS DRIVE |
| Medicare 1: | | | | | | ROSENBERG, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 263-1669 | Fax | (888) 762-6342 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEATRA MATTHEWS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/04/2007 | Owner Information |
| License # | 011366 | | | | | JIWEALTH HEALTH SERVICES |
| Lic Expire | 06/30/2019 | | | | | 1303 PARKER BLUFF LANE |
| Medicare 1: | 747335 | | | | | ROSENBERG, TX 77471 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 236-2446 | Fax | (832) 535-3776 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CALLISTA U JIWUAKU | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/16/2005 | Owner Information |
| License # | 009816 | | | | | LOGIC HOMEHEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 5101 AVENUE H STE 25 |
| Medicare 1: | 747075 | | | | | ROSENBERG, TX 77471 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 383-9483 | Fax | (281) 710-7876 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABUBAKAR O MOLADE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 03/08/2010 | Owner Information |
| License # | 013156 | | | | | QUALITY CAREGIVERS HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 9410 GINGERSTONE CT |
| Medicare 1: | 747534 | | | | | ROSENBERG, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 239-8277 | Fax | (281) 239-8980 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAMIKA LATRICE DICKEY | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/02/2005 | Owner Information |
| License # | 010105 | | | | | SIERCAM HEALTHCARE SERVICES, LLC |
| Lic Expire | 11/30/2019 | | | | | 812 3RD STREET |
| Medicare 1: | 679574 | | | | | ROSENBERG, TX 77471 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 232-9990 | Fax | (281) 232-9994 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | CHARLZ T BISONG SR | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 04/11/2014 | Owner Information |
| License # | 016149 | | | | | YOUR CHOICE PROVIDER SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | 1122 DESERT SPRINGS LANE |
| Medicare 1: | | | | | | ROSENBERG, TX 77471 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 535-5485 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA ANZALDUA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|---|
| County | FORT BEND | Region | 06 | Date Licensed | 10/05/2005 | Owner Information A & L HEALTH CARE SERVICES, LLC 2440 TEXAS PKWY, STE 213C MISSOURI CITY, TX 77489 |
| License # | 010027 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 677960 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 208-7451 | Fax | (281) 969-8197 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMAKU OKOROHA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/08/2008 | Owner Information ACE-ELLENT HEALTHCARE SERVICES INCORPORATED 5806 SAWMILL BEND LANE SUGAR LAND, TX 77479 |
| License # | 012300 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | 679747 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 903-7059 | Fax | (832) 886-4148 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADAKU EJIMADU | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 04/06/2017 | Owner Information ACTIVA HEALTHCARE INCORPORATED 610 MURPHY RD SUITE #211 STAFFORD, TX 77477 |
| License # | 018106 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 866-4050 | Fax | (713) 866-4060 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | QUIZENA L. WALKER | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 07/18/2011 | Owner Information AFFECTIONATE HEART INC 11104 WEST AIRPORT BLVD, STE 141 STAFFORD, TX 77477 |
| License # | 014220 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 747836 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 762-2339 | Fax | (888) 370-5396 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAZAK A OKUNEYE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 04/15/2014 | Owner Information ALL DAY HEALTHCARE, INC. 330 MAIN STREET, SUITE #1B SEALY, TX 77474 |
| License # | 016248 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | 747972 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 313-5228 | Fax | (281) 313-0180 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAYODE AKAMO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 09/30/2005 | Owner Information ALL GIVING PROVIDER SERVICES INC 3727 GREENBRIAR DR #302 SUITE B STAFFORD, TX 77477 |
| License # | 010005 | | | | | |
| Lic Expire | 09/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 565-3619 | Fax | (281) 325-0387 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAUL MENDOZA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/08/2009 | Owner Information ARISING HEALTHCARE SERVICES INC 2003 RUFFIAN LANE STAFFORD, TX 77477 |
| License # | 012392 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 747486 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 661-7492 | Fax | (281) 208-0179 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSICA IKWUAMAKA AGU | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/23/2013 | Owner Information ASCENSION HOME HEALTH, INC. 10707 CORPORATE DRIVE, SUITE #153 STAFFORD, TX 77477 |
| License # | 015978 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | 747201 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 499-5901 | Fax | (281) 499-8882 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIE THOMAS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 11/13/2014 | Owner Information |
| License # | 016522 | | | | | ASERENE HEALTHCARE SERVICES, LLC |
| Lic Expire | 11/30/2018 | | | | | 2215 S SHADOW GROVE LANE |
| Medicare 1: | 741633 | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | |
| Phone | (832) 971-8743 | Fax | (281) 741-0294 | | | Services: |
| Type: | Parent Agency | Administrator | SHENICE FERGUSON | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 03/29/2017 | Owner Information |
| License # | 017974 | | | | | AUTUMNCARE HEALTH SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 3956 BLUEBONNET DRIVE |
| Medicare 1: | 741698 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 494-0228 | Fax | (281) 709-6220 | | | Services: |
| Type: | Parent Agency | Administrator | OFFIONG U. GLOVER | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 12/31/2004 | Owner Information |
| License # | 009564 | | | | | BEACON HOME HEALTH AGENCY LLC |
| Lic Expire | 12/31/2018 | | | | | 13004 MURPHY RD #200 |
| Medicare 1: | 457950 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 592-6428 | Fax | (713) 592-6467 | | | Services: |
| Type: | Parent Agency | Administrator | LORA MAYES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/20/2013 | Owner Information |
| License # | 015435 | | | | | BENEVOLENT HOSPICE OF HOUSTON LLC |
| Lic Expire | 03/31/2019 | | | | | 9555 CANTURA CREST |
| Medicare 1: | 741520 | | | | | SAN ANTONIO, TX 78250 |
| Medicare 2: | | | | | | |
| Phone | (210) 681-2140 | Fax | (210) 681-3148 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES F. THOMAS, JR. | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 02/01/2014 | Owner Information |
| License # | 016222 | | | | | BENNYBRIGHT HOME HEALTH SERVICES, INC. |
| Lic Expire | 01/31/2018 | | | | | 3127 GREENBRIAR SUITE 206 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 999-4033 | Fax | (832) 999-4926 | | | Services: |
| Type: | Parent Agency | Administrator | MOHAMMED MUJITABA | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/23/2017 | Owner Information |
| License # | 018422 | | | | | BETHEL AMERICA HEALTH CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 11104 W AIRPORT BLVD #107 |
| Medicare 1: | 747530 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 770-9125 | Fax | (832) 770-9253 | | | Services: |
| Type: | Parent Agency | Administrator | YAMILET FERNANDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/01/2006 | Owner Information |
| License # | 011085 | | | | | BIO HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 11104 W AIRPORT STE 225 |
| Medicare 1: | 677866 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 980-2262 | Fax | (281) 980-2276 | | | Services: |
| Type: | Parent Agency | Administrator | CARLITO I BUHAY | | | Licensed and Certified Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/05/2004 | Owner Information |
| License # | 009181 | | | | | BLESSED HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 3952 BLUEBONNET DRIVE |
| Medicare 1: | 457826 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 494-0412 | Fax | (281) 494-0413 | | | Services: |
| Type: | Parent Agency | Administrator | QUIZENA WALKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 06/04/2015 | Owner Information |
| License # | 016838 | | | | | BLISSFUL HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 2839 NORTH MAIN STREET, SUITE #214 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-8216 | Fax | (844) 230-6212 | | | Services: |
| Type: | Parent Agency | Administrator | CHINYERE ESIABA NWAOBIA | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/29/2005 | Owner Information |
| License # | 009929 | | | | | CARING ANGEL HEALTHCARE SERVICES, INC |
| Lic Expire | 08/31/2018 | | | | | 10701 CORPORATE DRIVE SUITE 246 |
| Medicare 1: | 679602 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 498-0020 | Fax | (281) 498-2898 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA M AKO ASHU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/28/2003 | Owner Information |
| License # | 008719 | | | | | CARING PROFESSIONAL HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 12783 CAPRICORN DRIVE SUITE #600 |
| Medicare 1: | 453164 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 265-1633 | Fax | (281) 265-1634 | | | Services: |
| Type: | Parent Agency | Administrator | VALENTIN TAPIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/06/2007 | Owner Information |
| License # | 011239 | | | | | CHASE HEALTHCARE SERVICE INC |
| Lic Expire | 04/30/2018 | | | | | 12834 FRANCES LANE |
| Medicare 1: | 747180 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 539-1684 | Fax | (832) 539-4199 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTOPHER NWOSU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/21/2016 | Owner Information |
| License # | 017743 | | | | | CHELIV COMPASSIONATE CARE PLUS, INC. |
| Lic Expire | 10/31/2018 | | | | | 15923 WILLIWAW DRIVE SUITE A |
| Medicare 1: | 679669 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-3336 | Fax | (281) 277-0668 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES E. OBIOMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/06/2006 | Owner Information |
| License # | 010238 | | | | | CIRCUIT WIDE HEALTHCARE INC |
| Lic Expire | 01/31/2017 | | | | | 9503 TOLKEN WAY |
| Medicare 1: | 679552 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 340-4754 | Fax | (281) 277-0347 | | | Services: |
| Type: | Parent Agency | Administrator | BASSEY EPHRAIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/15/2009 | Owner Information |
| License # | 013083 | | | | | COMMUNITY HEALTH ASSOCIATES INC |
| Lic Expire | 12/31/2019 | | | | | 327 NORTH MARATHON WAY |
| Medicare 1: | 743138 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-5952 | Fax | (281) 969-7140 | | | Services: |
| Type: | Parent Agency | Administrator | CHIDINMA OKERE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/24/2010 | Owner Information |
| License # | 013579 | | | | | DIVERSITY CARE PROVIDERS, INC. |
| Lic Expire | 09/30/2018 | | | | | 12315 FERN MEADOW DRIVE |
| Medicare 1: | 747709 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 771-4526 | Fax | (281) 619-8355 | | | Services: |
| Type: | Parent Agency | Administrator | BLESSING UCHEGBU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 03/14/2016 | Owner Information |
| License # | 017398 | | | | | ELYSIAN HOSPICE HOUSTON LLC |
| Lic Expire | 03/31/2018 | | | | | 2537 GOLDEN BEAR DRIVE |
| Medicare 1: | 671786 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (281) 333-2458 | Fax | (281) 335-5539 | | | Services: |
| Type: | Parent Agency | Administrator | CAROL RODRIGUEZ | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 06/08/2009 | Owner Information |
| License # | 012747 | | | | | EMBASSY HEALTHCARE SYSTEM INC |
| Lic Expire | 06/30/2019 | | | | | 10701 CORPORATE DRIVE SUITE #395 |
| Medicare 1: | 677803 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 589-8050 | Fax | (281) 240-3005 | | | Services: |
| Type: | Parent Agency | Administrator | MADUAKOLAM HENRY UBI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/22/2007 | Owner Information |
| License # | 011090 | | | | | ESTAN HEALTHCARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 10707 CORPORATE DRIVE STE 152 |
| Medicare 1: | 747012 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 498-8280 | Fax | (281) 498-8993 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA K UBI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/06/2006 | Owner Information |
| License # | 010596 | | | | | GO-FAITH MEDICAL SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 8449 WEST BELLFORT STREET, SUITE #335 |
| Medicare 1: | 673163 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 774-9003 | Fax | (713) 774-9000 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICK IVBIEVBOKUN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/28/2008 | Owner Information |
| License # | 011843 | | | | | GLOBAL DIALYSIS PLUS INC |
| Lic Expire | 01/31/2018 | | | | | 12823 CAPRICORN DRIVE |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 980-0446 | Fax | (281) 980-0468 | | | Services: |
| Type: | Parent Agency | Administrator | COLETTE NELSON | | | Licensed Home Health Services with Dialysis |
| County | FORT BEND | Region | 06 | Date Licensed | 12/02/2008 | Owner Information |
| License # | 012327 | | | | | GUIDING LIGHT HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 10707 CORPORATE DRIVE SUITE 102 |
| Medicare 1: | 747365 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 886-4464 | Fax | (832) 886-4730 | | | Services: |
| Type: | Parent Agency | Administrator | PRISCA WARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/27/2010 | Owner Information |
| License # | 013360 | | | | | HEALING SOURCE HOME CARE, INC |
| Lic Expire | 05/31/2018 | | | | | 12783 CAPRICORN DRIVE, SUITE #500 |
| Medicare 1: | 747739 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 242-4325 | Fax | (281) 242-4323 | | | Services: |
| Type: | Parent Agency | Administrator | ROGELIO S DELA ROSA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/07/2011 | Owner Information |
| License # | 014073 | | | | | HTH HOLY TRINITY HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 7322 SOUTHWEST FREEWAY, SUITE 1860 |
| Medicare 1: | 677990 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 333-3660 | Fax | (713) 333-4660 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICK J FINN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 11/16/2011 | Owner Information |
| License # | 014633 | | | | | JOSEPH HOME HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 7715 SILENT TIMBER LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 575-0837 | Fax | (281) 817-7493 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AKHERE ALPHONSUS OKHAIFOH | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 09/16/2005 | Owner Information |
| License # | 009967 | | | | | K & G QUALITY HOME HEALTHCARE |
| Lic Expire | 09/30/2019 | | | | | 5519 PARKSTONE COURT |
| Medicare 1: | 679566 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 313-1844 | Fax | (281) 313-1848 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | C KRIS IJEH | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/15/2011 | Owner Information |
| License # | 013934 | | | | | MARIA REGINA HOME HEALTH AGENCY INC |
| Lic Expire | 01/31/2019 | | | | | 410 ANNE'S WAY |
| Medicare 1: | 677971 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 494-3456 | Fax | (281) 969-8116 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICK N OGIDI SR | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012912 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 234-5730 | Fax | (877) 774-0531 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSE MUNOZ | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010415 | | | | | MEDCARE PEDIATRIC NURSING LP |
| Lic Expire | 04/30/2018 | | | | | 12371 S KIRKWOOD RD |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 995-9292 | Fax | (713) 995-4402 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KARYN JOLLY | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010414 | | | | | MEDCARE PEDIATRIC THERAPY LP |
| Lic Expire | 04/30/2019 | | | | | 12371 KIRKWOOD RD |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 779-9300 | Fax | (713) 779-9600 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BRITTANY DILLESCHAW | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/01/2002 | Owner Information |
| License # | 007859 | | | | | MEMORIAL HERMANN HEALTH SYSTEM |
| Lic Expire | 12/31/2019 | | | | | 929 GESSNER, SUITE #2700 |
| Medicare 1: | 457741 | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 325-5600 | Fax | (281) 491-5830 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MAUREEN CORMIER | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/01/2002 | Owner Information |
| License # | 007860 | | | | | MEMORIAL HERMANN HEALTH SYSTEM |
| Lic Expire | 12/31/2018 | | | | | 929 GESSNER, SUITE #2700 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 338-7300 | Fax | (713) 338-7301 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARGARET WILLIAMS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 04/03/2007 | <u>Owner Information</u> |
| License # | 011219 | | | | | MIDLAND HEALTH CARE SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 12919 SOUTHWEST FREEWAY SUITE 140 |
| Medicare 1: | 743111 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 886-4539 | Fax | (832) 886-4690 | | | Services: |
| Type: | Parent Agency | Administrator | ALICE UDEOBONG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/13/2013 | <u>Owner Information</u> |
| License # | 015685 | | | | | BMR HOME HEALTH, LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 5610 |
| Medicare 1: | 679786 | | | | | LONGVIEW, TX 75608 |
| Medicare 2: | | | | | | |
| Phone | (713) 780-2390 | Fax | (888) 420-4606 | | | Services: |
| Type: | Parent Agency | Administrator | KERI WHITE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/02/2008 | <u>Owner Information</u> |
| License # | 012216 | | | | | NORTH HOME HEALTHCARE LLC |
| Lic Expire | 07/31/2019 | | | | | 11104 W. AIRPORT BLVD., SUITE #115 |
| Medicare 1: | 457867 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-6525 | Fax | (281) 565-6520 | | | Services: |
| Type: | Parent Agency | Administrator | TONJA E GAYLES-NORTH | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/01/2015 | <u>Owner Information</u> |
| License # | 017096 | | | | | OASIS HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 2193 |
| Medicare 1: | 747392 | | | | | STAFFORD, TX 77497 |
| Medicare 2: | | | | | | |
| Phone | (281) 529-6278 | Fax | (281) 786-3544 | | | Services: |
| Type: | Parent Agency | Administrator | QUIZENA WALKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/14/1995 | <u>Owner Information</u> |
| License # | 003621 | | | | | PERRYLEE HOME HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 1905 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-8725 | Fax | (832) 539-1901 | | | Services: |
| Type: | Parent Agency | Administrator | MARION TRESVANT | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/26/2007 | <u>Owner Information</u> |
| License # | 011656 | | | | | FIRST PRECISION HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 13508 MOORING POINTE |
| Medicare 1: | 747017 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-5638 | Fax | (832) 539-1795 | | | Services: |
| Type: | Parent Agency | Administrator | CHINKATA ONYEMACHI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/18/2008 | <u>Owner Information</u> |
| License # | 012247 | | | | | PRIMEWAY HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2016 | | | | | 2440 TEXAS PARKWAY SUITE #226 |
| Medicare 1: | 677865 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 403-4500 | Fax | (281) 403-1022 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICK N OGIDI SR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/31/2012 | <u>Owner Information</u> |
| License # | 014831 | | | | | EMAIDO E HAILEY |
| Lic Expire | 05/31/2018 | | | | | 29 OLD WINDSOR WAY |
| Medicare 1: | | | | | | SUGARLAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 903-7474 | Fax | (832) 500-4095 | | | Services: |
| Type: | Parent Agency | Administrator | EMAIDO E. HAILEY | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 08/22/1997 | Owner Information |
| License # | 005985 | | | | | QUALITY DIALYSIS ONE LLC |
| Lic Expire | 08/31/2018 | | | | | 1331 PIKE RD |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 491-4009 | Fax | (281) 491-4024 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA HEMENEZ | | | Licensed Home Health Services with Dialysis |
| County | FORT BEND | Region | 06 | Date Licensed | 03/16/2005 | Owner Information |
| License # | 009635 | | | | | PERUGINI INCORPORATED |
| Lic Expire | 03/31/2020 | | | | | 15202 MARLOWE GROVE DR |
| Medicare 1: | 677967 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 240-0658 | Fax | (281) 240-0079 | | | Services: |
| Type: | Parent Agency | Administrator | RASIDAT SODEKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 11/03/2003 | Owner Information |
| License # | 008726 | | | | | RELIANT HOME CARE SERVICES LIMITED LIABILITY COMPANY |
| Lic Expire | 11/30/2016 | | | | | 2723 EVENING SHADE |
| Medicare 1: | 453190 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (281) 404-5510 | Fax | (281) 769-1226 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES ANYANWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/08/2009 | Owner Information |
| License # | 012852 | | | | | SIGMAH HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 11104 W AIRPORT BLVD SUITE 130 |
| Medicare 1: | 673143 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-0606 | Fax | (713) 771-0610 | | | Services: |
| Type: | Parent Agency | Administrator | MAGDA BANDONG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/04/2010 | Owner Information |
| License # | 013822 | | | | | SILVERADO HOSPICE OF HOUSTON INC |
| Lic Expire | 10/31/2018 | | | | | 6400 OAK CANYON #200 |
| Medicare 1: | 671600 | | | | | IRVINE, CA 92618 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-2900 | Fax | (281) 565-2901 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON MEYERS | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 11/19/2007 | Owner Information |
| License # | 011868 | | | | | SILVER-HAWK HEALTHCARE SYSTEMS, INC |
| Lic Expire | 11/30/2018 | | | | | 3727 GREENBRIAR DRIVE, SUITE 117 |
| Medicare 1: | 677876 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 995-6266 | Fax | (713) 995-6265 | | | Services: |
| Type: | Parent Agency | Administrator | CHIJINDU OGBONNAYA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/26/2015 | Owner Information |
| License # | 017103 | | | | | ST. AGNES MEMORIAL HOSPICE, INC. |
| Lic Expire | 10/31/2019 | | | | | 10701 CORPORATE DRIVE SUITE #246 |
| Medicare 1: | 741702 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 489-5328 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 06/21/2017 | Owner Information |
| License # | 018119 | | | | | SAINT BENEDICT HOSPICE, INC. |
| Lic Expire | 06/30/2019 | | | | | 10707 CORPORATE DR SUITE 102 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 499-7070 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 03/02/2007 | Owner Information |
| License # | 011113 | | | | | ST CHARLES MEDICAL SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 4143 BLUEBONNET DR |
| Medicare 1: | 747312 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 234-7233 | Fax | (832) 532-7233 | | | Services: |
| Type: | Parent Agency | Administrator | NONYLEUM OZONOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/22/2016 | Owner Information |
| License # | 017477 | | | | | STGL PEDIATRIC DIVINE TOUCH INC |
| Lic Expire | 06/30/2018 | | | | | 618 EASY JET DRIVE |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 378-3174 | Fax | (281) 760-1108 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA ADIMIBE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/25/2003 | Owner Information |
| License # | 008433 | | | | | STO NINO HOME HEALTH INC |
| Lic Expire | 04/30/2018 | | | | | 8515 SOUTH BRAESWOOD BLVD STE 102 |
| Medicare 1: | 679396 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (281) 240-3785 | Fax | (281) 325-0387 | | | Services: |
| Type: | Parent Agency | Administrator | NORA ALMADEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/01/2016 | Owner Information |
| License # | 017556 | | | | | THE FAMILY HOME HEALTH CARE SERVICES OF TEXAS, INC. |
| Lic Expire | 05/31/2018 | | | | | 11104 WEST AIRPORT BLVD STE #218 |
| Medicare 1: | 747186 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 741-1514 | Fax | (281) 741-1881 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA H TANUECO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/13/2012 | Owner Information |
| License # | 014653 | | | | | CANTEX HOME HEALTH HOUSTON, LLC |
| Lic Expire | 02/29/2020 | | | | | 2537 GOLDEN BEAR DRIVE |
| Medicare 1: | 673162 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (281) 488-4663 | Fax | (281) 488-4662 | | | Services: |
| Type: | Parent Agency | Administrator | CAROL RODRIGUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/23/2011 | Owner Information |
| License # | 014437 | | | | | TOPHILL HOMECARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 4800 SUGAR GROVE BOULEVARD SUITE 530 |
| Medicare 1: | 747825 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 999-4742 | Fax | (832) 999-4743 | | | Services: |
| Type: | Parent Agency | Administrator | NGOZI GODSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/04/2016 | Owner Information |
| License # | 017554 | | | | | TRINSOL CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 4219 FERRO STREET |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (503) 586-3278 | Fax | (281) 499-9635 | | | Services: |
| Type: | Parent Agency | Administrator | KEZIA ZIMMER | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/15/2008 | Owner Information |
| License # | 012016 | | | | | TRIPLE O HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 4141 BLUEBONNET DRIVE |
| Medicare 1: | 677884 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 903-7546 | Fax | (832) 201-7032 | | | Services: |
| Type: | Parent Agency | Administrator | CHIBUZO ONYEDIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 12/07/2012 | Owner Information |
| License # | 015261 | | | | | UNIVERSAL DIALYSIS LLC |
| Lic Expire | 12/31/2018 | | | | | 12919 SOUTHWEST FREEWAY SUITE 138 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-1277 | Fax | (281) 565-0817 | | | Services: |
| Type: | Parent Agency | Administrator | BONAVENTURA CELESTINE | | | Licensed Home Health Services, Licensed Home Health Services with Dialysis |
| County | FORT BEND | Region | 06 | Date Licensed | 10/28/2013 | Owner Information |
| License # | 015836 | | | | | VARIETY HOMECARE PROVIDER SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 630 MURPHY ROAD #213 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 506-7598 | Fax | (281) 506-7605 | | | Services: |
| Type: | Parent Agency | Administrator | MFONEMANAH ITUEN | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/28/2017 | Owner Information |
| License # | 018212 | | | | | SHOSHANA HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 920 FM 1092 STE 215 |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (832) 506-1024 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ROBBY MATHEW | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/03/2003 | Owner Information |
| License # | 008626 | | | | | GO VITALCARE HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 3956 BLUEBONNET DRIVE |
| Medicare 1: | 679459 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 494-5141 | Fax | (281) 494-5143 | | | Services: |
| Type: | Parent Agency | Administrator | OFFIONG GLOVER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/24/2003 | Owner Information |
| License # | 008302 | | | | | ACP HEALTH CARE RESOURCES INC |
| Lic Expire | 01/31/2019 | | | | | 5750 HOMEWARD WAY |
| Medicare 1: | 679269 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 265-1511 | Fax | (281) 265-5349 | | | Services: |
| Type: | Parent Agency | Administrator | ARLITA C PANG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018216 | | | | | CLATS CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 1423 SHADY BEND DR |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (832) 231-4377 | Fax | (281) 520-4648 | | | Services: |
| Type: | Parent Agency | Administrator | EBUBECHUKWU UMEAKUANA | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/31/2006 | Owner Information |
| License # | 011103 | | | | | ACURA HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 2938 |
| Medicare 1: | 679226 | | | | | SUGAR LAND, TX 77487 |
| Medicare 2: | | | | | | |
| Phone | (281) 566-1122 | Fax | (281) 566-1125 | | | Services: |
| Type: | Parent Agency | Administrator | ASHA BHANDARI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/14/2012 | Owner Information |
| License # | 015267 | | | | | ACURA HOSPICE CARE LLC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 2938 |
| Medicare 1: | 741541 | | | | | SUGAR LAND, TX 77487 |
| Medicare 2: | | | | | | |
| Phone | (281) 566-1133 | Fax | (281) 566-1135 | | | Services: |
| Type: | Parent Agency | Administrator | ASHA BHANDARI | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-------------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 03/06/2017 | Owner Information |
| License # | 018068 | | | | | ACURA PALLIATIVE CARE LLC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 2938 |
| Medicare 1: | 673130 | | | | | SUGAR LAND, TX 77487 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 566-1144 | Fax | (281) 566-1146 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ASHA BHANDARI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/12/2013 | Owner Information |
| License # | 015630 | | | | | ACUTE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 12946 DAIRY ASHFORD RD SUITE 335 |
| Medicare 1: | 747013 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 999-4165 | Fax | (832) 999-4166 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EBERE SONNY ISIGUZO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/28/2010 | Owner Information |
| License # | 013419 | | | | | AEGIS SENIOR CARE GROUP LLC |
| Lic Expire | 06/30/2018 | | | | | 918 WELDON PARK DR |
| Medicare 1: | | | | | | SUGARLAND, TX 77479 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 881-2781 | Fax | (281) 242-0892 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | THERESA JASMIN ALANO WILWAYCO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 03/20/2016 | Owner Information |
| License # | 017625 | | | | | ALLSTAR HOSPICE |
| Lic Expire | 03/31/2018 | | | | | 13515 SOUTHWEST FREEWAY # 215 |
| Medicare 1: | 671757 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 280-7972 | Fax | (800) 559-8401 | | | Hospice |
| Type: | Parent Agency | Administrator | MELANIE MCCLAIN | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 03/31/2016 | Owner Information |
| License # | 017612 | | | | | ALPHA HOME HEALTH CARE CORPORATION |
| Lic Expire | 03/31/2018 | | | | | 101 SOUTHWESTERN BLVD SUITE 231 |
| Medicare 1: | 747794 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 277-0711 | Fax | (281) 277-0750 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KINGSLEY AMADI | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/22/2014 | Owner Information |
| License # | 016130 | | | | | WITESTONE INC |
| Lic Expire | 01/31/2018 | | | | | 15502 ELM LEAF PLACE |
| Medicare 1: | 679772 | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 941-7221 | Fax | (713) 583-3337 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRESELECT TAWO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/22/2014 | Owner Information |
| License # | 016906 | | | | | ALTUS HOME HEALTHCARE OF HOUSTON LP |
| Lic Expire | 12/31/2018 | | | | | 16701 CREEK BEND DRIVE |
| Medicare 1: | 679527 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 474-5998 | Fax | (713) 583-8616 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MIRACLAIRE FRANCO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 10/18/2011 | Owner Information |
| License # | 014621 | | | | | GROUP CARE HOSPICE, LP |
| Lic Expire | 10/31/2019 | | | | | 11233 SHADOW CREEK PARKWAY, SUITE #313 |
| Medicare 1: | 671562 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 493-9744 | Fax | (281) 493-9792 | | | Hospice |
| Type: | Parent Agency | Administrator | CHAD STEWARD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 05/19/2016 | Owner Information |
| License # | 017410 | | | | | DENOBLE ENTERPRISES, INC. |
| Lic Expire | 05/31/2018 | | | | | 3 SUGAR CREEK CENTER, SUITE #100 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 403-3217 | Fax | (281) 888-8281 | | | Services: |
| Type: | Parent Agency | Administrator | GILDA VASQUEZ | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/18/2007 | Owner Information |
| License # | 010997 | | | | | ANIS HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 13307 SUN CANYON CT |
| Medicare 1: | 743123 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (713) 242-1960 | Fax | (281) 313-3126 | | | Services: |
| Type: | Parent Agency | Administrator | OSITA ANUSI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/27/2001 | Owner Information |
| License # | 007654 | | | | | ASSURED CARE HEALTH SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 8300 BISSONNET #470 |
| Medicare 1: | 679073 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (281) 277-5700 | Fax | (281) 277-5707 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA DEL CARMEN ANDUJAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/11/2011 | Owner Information |
| License # | 013819 | | | | | AUMARIS HEALTH CARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 2515 CROCKETT COURT |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 774-8516 | Fax | (281) 946-5731 | | | Services: |
| Type: | Parent Agency | Administrator | JUSTINA IKIMI | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 06/16/2017 | Owner Information |
| License # | 018111 | | | | | AVIDCARE HOSPICE LLC |
| Lic Expire | 06/30/2019 | | | | | 15222 SNOW HILL CT |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (844) 424-2843 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL SERAPHIN ADA | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 05/30/2003 | Owner Information |
| License # | 008482 | | | | | AXIS CARE GROUP HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 120 ELDRIDGE ROAD UNIT 120 G |
| Medicare 1: | 679447 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 495-4845 | Fax | (281) 495-4846 | | | Services: |
| Type: | Parent Agency | Administrator | TERESITA E CAPAO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/17/2012 | Owner Information |
| License # | 015069 | | | | | BEATIFIC KIDS CARE |
| Lic Expire | 07/31/2018 | | | | | 12808 W AIRPORT BLVD SUITE 319 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 330-0273 | Fax | (281) 201-8731 | | | Services: |
| Type: | Parent Agency | Administrator | DOROTHY ADUMANU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/03/2012 | Owner Information |
| License # | 015087 | | | | | SSBL, LLC |
| Lic Expire | 09/30/2018 | | | | | 1603 WOOD SONG DR. |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 201-3700 | Fax | (281) 201-3701 | | | Services: |
| Type: | Parent Agency | Administrator | CHERYLE DEMARIA | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 03/18/2016 | Owner Information |
| License # | 017319 | | | | | BRITE HOSPICE INC |
| Lic Expire | 03/31/2018 | | | | | 4210 MERRIWEATHER STREET |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 764-4071 | Fax | (281) 764-4071 | | | Services: |
| Type: | Parent Agency | Administrator | JESTINA S BANGURA | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (281) 903-2000 | Fax | (281) 903-2002 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/31/2012 | Owner Information |
| License # | 015285 | | | | | CARE AND COMFORT HOME HEALTH CARE SERVICES, INC. |
| Lic Expire | 12/31/2018 | | | | | 12808 WEST AIRPORT BLVD STE. 342 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 201-8399 | Fax | (281) 302-5249 | | | Services: |
| Type: | Parent Agency | Administrator | AMIN ALWANI | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 11/08/2006 | Owner Information |
| License # | 011142 | | | | | CCC HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 4115 AMBER TRACE CT |
| Medicare 1: | 747147 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 650-7014 | Fax | (832) 532-7759 | | | Services: |
| Type: | Parent Agency | Administrator | AUGUSTINA CHIKA NWAOGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/09/2016 | Owner Information |
| License # | 017832 | | | | | COMCARE HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 104 INDUSTRIAL BLVD STE 207 |
| Medicare 1: | 679765 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-4545 | Fax | (281) 565-4550 | | | Services: |
| Type: | Parent Agency | Administrator | QUINZINA WALKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/13/1995 | Owner Information |
| License # | 003628 | | | | | CONSOLIDATED HOME HEALTH |
| Lic Expire | 02/28/2019 | | | | | 2600 CORDES STE A |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 238-8775 | Fax | (281) 491-7812 | | | Services: |
| Type: | Parent Agency | Administrator | LEE A PALMER | | | Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/08/2010 | Owner Information |
| License # | 013157 | | | | | COTTAGE HEALTH CARE SERVICES, INC. |
| Lic Expire | 03/31/2018 | | | | | 13510 VENICE VILLA LANE |
| Medicare 1: | 747559 | | | | | SUGARLAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 313-0651 | Fax | (281) 277-4253 | | | Services: |
| Type: | Parent Agency | Administrator | JACQUELINE H AUDU-SYLVYER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/24/2010 | Owner Information |
| License # | 013187 | | | | | DALCON HEALTH SERVICES, INC. |
| Lic Expire | 03/31/2018 | | | | | 16943 DUSTY MILL DRIVE EAST |
| Medicare 1: | 747602 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (713) 584-5154 | Fax | (281) 491-9999 | | | Services: |
| Type: | Parent Agency | Administrator | ULOMA UJOATU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 11/01/2005 | Owner Information |
| License # | 010104 | | | | | DAVIS HOME HEALTH LLC |
| Lic Expire | 10/31/2018 | | | | | 19901 SOUTHWEST FREEWAY |
| Medicare 1: | 679664 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 207-1346 | Fax | (281) 207-1347 | | | Services: |
| Type: | Parent Agency | Administrator | JUDI LYNN DAVIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/12/2016 | Owner Information |
| License # | 017273 | | | | | DIALYZE DIRECT TX LLC |
| Lic Expire | 02/28/2018 | | | | | 16545 SW FREEWAY |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (832) 944-5040 | Fax | (832) 944-5043 | | | Services: |
| Type: | Parent Agency | Administrator | ALICE HELLEBRAND | | | Licensed Home Health Services with Dialysis |
| County | FORT BEND | Region | 06 | Date Licensed | 02/16/2011 | Owner Information |
| License # | 013899 | | | | | DIRECARE HEALTH SERVICES, INC. |
| Lic Expire | 02/28/2019 | | | | | 15006 SUGAR SANDS DRIVE |
| Medicare 1: | 747712 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 509-4377 | Fax | (281) 674-5868 | | | Services: |
| Type: | Parent Agency | Administrator | AUSTIN IFEDIORA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/29/2012 | Owner Information |
| License # | 014717 | | | | | DIVINELINK HEALTHCARE GROUP, INC. |
| Lic Expire | 03/31/2018 | | | | | 10802 ROLLER MILL LANE |
| Medicare 1: | 747855 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 988-5967 | Fax | (281) 988-5951 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCES N EBO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/17/2014 | Owner Information |
| License # | 016088 | | | | | DYNAMIC HEALTHCARE, INC. |
| Lic Expire | 03/31/2018 | | | | | 14807 WAYSON DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (832) 310-6158 | Fax | (281) 754-4012 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE ADU | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/15/2014 | Owner Information |
| License # | 016213 | | | | | EAGLE SPRING HEALTHCARE, INC. |
| Lic Expire | 05/31/2018 | | | | | 1122 GREATWOOD GLEN DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (713) 448-9382 | Fax | (832) 844-5810 | | | Services: |
| Type: | Parent Agency | Administrator | LE ANN TOGAREPI | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/16/2017 | Owner Information |
| License # | 018248 | | | | | ELITE GOLDEN YEARS INC |
| Lic Expire | 08/31/2019 | | | | | 13914 BLUE VISTA DR |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (954) 804-5744 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | EFOSA OSAGIE | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/09/2016 | Owner Information |
| License # | 017998 | | | | | ENHANCE HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 25503 CRESTON MEADOW DR |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | |
| Phone | (832) 532-0851 | Fax | (832) 939-8747 | | | Services: |
| Type: | Parent Agency | Administrator | KERRY AKUKORO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 07/05/2012 | Owner Information |
| License # | 014914 | | | | | ES HEALTH SERVICES, INC. |
| Lic Expire | 07/31/2018 | | | | | 14314 RIVER GLEN DRIVE |
| Medicare 1: | | | | | | SUGARLAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 491-1140 | Fax | (281) 491-1140 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGET CHILE IKEJIMBA | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/01/2006 | Owner Information |
| License # | 011016 | | | | | BETHSIDA HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 16618 COBBLER CROSSING DR |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 933-6012 | Fax | (281) 933-0682 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA NZEADIBE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/01/2013 | Owner Information |
| License # | 015574 | | | | | FORTUNE HOME HEALTH, INC. |
| Lic Expire | 04/30/2019 | | | | | 12808 WEST AIRPORT, SUITE #222 |
| Medicare 1: | 679792 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 265-2643 | Fax | (281) 265-3941 | | | Services: |
| Type: | Parent Agency | Administrator | PAUL OKPUZOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 11/25/2013 | Owner Information |
| License # | 015887 | | | | | GOD'S TIME HEALTHCARE SERVICES, INC. |
| Lic Expire | 11/30/2019 | | | | | 1159 HWY 6, SOUTH #164 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 935-6492 | Fax | (281) 988-7162 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLINE CHIKERE | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 11/30/2006 | Owner Information |
| License # | 011078 | | | | | GULF COAST HOSPICE OF HOUSTON LTD |
| Lic Expire | 11/30/2018 | | | | | 134 F ELDRIDGE RD |
| Medicare 1: | 671543 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (713) 772-2700 | Fax | (713) 772-2708 | | | Services: |
| Type: | Parent Agency | Administrator | ALETHEA BROWN | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 08/30/2012 | Owner Information |
| License # | 015042 | | | | | HARBOR HOSPICE OF RICHMOND, LP |
| Lic Expire | 08/31/2018 | | | | | P.O. BOX 12686 |
| Medicare 1: | 671764 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (281) 762-0444 | Fax | (281) 762-7024 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTY HARRIS | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 02/12/2010 | Owner Information |
| License # | 013441 | | | | | HEALTHCARE MASTERS INC |
| Lic Expire | 02/29/2016 | | | | | 8313 SOUTHWEST FWY STE 217 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (281) 703-2059 | Fax | (281) 240-5392 | | | Services: |
| Type: | Parent Agency | Administrator | COLLINS N UMERAH | | | Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/03/2006 | Owner Information |
| License # | 010375 | | | | | HEALTHLINKS SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 13313 SOUTHWEST FREEWAY #180 |
| Medicare 1: | 679595 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 240-1031 | Fax | (281) 240-1029 | | | Services: |
| Type: | Parent Agency | Administrator | OMOTAYO J LAWAL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 12/30/2004 | Owner Information |
| License # | 009497 | | | | | ROSEMARY TAYLOR |
| Lic Expire | 12/31/2017 | | | | | 16523 TERRACE HOLLOW LANE |
| Medicare 1: | 677932 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 814-3700 | Fax | (281) 240-5341 | | | Services: |
| Type: | Parent Agency | Administrator | IMMANUEL NWALUPUE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/10/2017 | Owner Information |
| License # | 018050 | | | | | UNITED M&P INC |
| Lic Expire | 05/31/2019 | | | | | 1616 FOUNTAIN VIEW DRIVE SUITE 407 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (281) 725-4184 | Fax | (281) 980-9870 | | | Services: |
| Type: | Parent Agency | Administrator | DEEPA RAO | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/13/2013 | Owner Information |
| License # | 015919 | | | | | NIDHU O KURUP |
| Lic Expire | 12/31/2017 | | | | | 13542 SCHUMANN TR |
| Medicare 1: | 741576 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (832) 434-2670 | Fax | (888) 251-8801 | | | Services: |
| Type: | Parent Agency | Administrator | NIDHU KURUP | | | Personal Assistance Services, Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 12/19/2011 | Owner Information |
| License # | 014765 | | | | | NDS CORPORATION LLC |
| Lic Expire | 12/31/2019 | | | | | 12808 WEST AIRPORT BLVD, STE #343 |
| Medicare 1: | 677935 | | | | | SUGARLAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 212-3442 | Fax | (866) 670-2763 | | | Services: |
| Type: | Parent Agency | Administrator | AMIN ALWANI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/15/2013 | Owner Information |
| License # | 015938 | | | | | KAPPA HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 13313 SOUTHWEST FREEWAY |
| Medicare 1: | 747018 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 313-4650 | Fax | (281) 313-0994 | | | Services: |
| Type: | Parent Agency | Administrator | ODINAKACHUKWU CYNTHIA AGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/12/2017 | Owner Information |
| License # | 018314 | | | | | KEY DIALYSIS LLC |
| Lic Expire | 09/30/2019 | | | | | 1400 CREEK WAY SUITE 211 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 939-9772 | Fax | (832) 939-9774 | | | Services: |
| Type: | Parent Agency | Administrator | D. SCOTT SULLIVAN | | | Licensed Home Health Services with Dialysis |
| County | FORT BEND | Region | 06 | Date Licensed | 11/13/2009 | Owner Information |
| License # | 013003 | | | | | ROSE C NWANNA |
| Lic Expire | 11/30/2019 | | | | | 9506 LERIN LN |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (713) 397-0696 | Fax | (281) 561-7325 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES C NWANNA | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 05/01/2017 | Owner Information |
| License # | 018142 | | | | | AYZA HOME HEALTHCARE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 3 SUGAR CREEK CENTER BLVD STE 100 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 612-0472 | Fax | (832) 202-0506 | | | Services: |
| Type: | Parent Agency | Administrator | SABEEN A JIWANI | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 08/24/2009 | Owner Information |
| License # | 012802 | | | | | LITTLE FLOWER HOMEHEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 12808 WEST AIRPORT BLVD SUITE 318 |
| Medicare 1: | 747456 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 325-0043 | Fax | (281) 265-0142 | | | Services: |
| Type: | Parent Agency | Administrator | ANUH TERESA GEORGE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/20/2013 | Owner Information |
| License # | 015378 | | | | | MASTER PEDIATRIC HOME CARE P.C. |
| Lic Expire | 02/28/2019 | | | | | 5943 SAGAMORE BAY LANE |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (713) 640-5809 | Fax | (713) 904-2578 | | | Services: |
| Type: | Parent Agency | Administrator | CLAUDE N JACKSON IV | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/07/2005 | Owner Information |
| License # | 010184 | | | | | MED-SOURCE HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 12926 DAIRY ASHFORD RD STE 150 |
| Medicare 1: | 747128 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 265-0095 | Fax | (281) 201-4531 | | | Services: |
| Type: | Parent Agency | Administrator | PRISCILLA UDEAGHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/29/2004 | Owner Information |
| License # | 008991 | | | | | MEDINURSE INC |
| Lic Expire | 03/31/2018 | | | | | 13914 BLUE VISTA DRIVE |
| Medicare 1: | 673141 | | | | | SUGARLAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 565-0989 | Fax | (281) 565-1486 | | | Services: |
| Type: | Parent Agency | Administrator | CHRIS I OSAGIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 10/19/2009 | Owner Information |
| License # | 012908 | | | | | MIRAGE HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 6065 HILLCROFT AVENUE SUITE #208 |
| Medicare 1: | 747574 | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | |
| Phone | (713) 234-7824 | Fax | (713) 234-7825 | | | Services: |
| Type: | Parent Agency | Administrator | WINIFRED N OKENKPU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 12/21/2010 | Owner Information |
| License # | 014076 | | | | | NEW VISION HEALTH CARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 14310 MANORBIER LANE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (713) 874-4937 | Fax | (281) 277-9219 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADINE KHAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/27/2015 | Owner Information |
| License # | 016617 | | | | | ORION PEDIATRIC STAFFING LLC |
| Lic Expire | 01/31/2017 | | | | | 16320 MELLOW OAKS LANE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (979) 488-2030 | Fax | (281) 310-6561 | | | Services: |
| Type: | Parent Agency | Administrator | SONIA DESILVA | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/26/2008 | Owner Information |
| License # | 012206 | | | | | PARKWAY PATIENT ASSISTANCE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 12808 WEST AIRPORT BLVD., SUITE #345 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (713) 234-7824 | Fax | (713) 234-7825 | | | Services: |
| Type: | Parent Agency | Administrator | CHIMA OKENKPU | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 05/15/2013 | Owner Information |
| License # | 015544 | | | | | PAX ET VITA HOME CARE, LLC |
| Lic Expire | 05/31/2019 | | | | | 2223 RIVER LODGE LANE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 687-6034 | Fax | (281) 239-0543 | | | Services: |
| Type | Parent Agency | Administrator | MARIE BUHAY | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/06/2009 | Owner Information |
| License # | 012380 | | | | | PELA HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 12808 WEST AIRPORT BLVD., SUITE #320 |
| Medicare 1: | 747334 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 302-6475 | Fax | (281) 903-7564 | | | Services: |
| Type | Parent Agency | Administrator | PEACE EBERE UHEGWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/03/2014 | Owner Information |
| License # | 015946 | | | | | PINNACLE SPECIALTY HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 1730 BERKOFF DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (832) 964-8538 | Fax | (281) 238-5014 | | | Services: |
| Type | Parent Agency | Administrator | ALICE AMUNEKE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/08/2010 | Owner Information |
| License # | 013227 | | | | | PRIMHOMEHEALTH, INC. |
| Lic Expire | 04/30/2018 | | | | | 12808 WEST AIRPORT BLVD., SUITE #334 |
| Medicare 1: | 747531 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 302-6661 | Fax | (866) 336-7471 | | | Services: |
| Type | Parent Agency | Administrator | ROSE OMORIGIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 11/07/2016 | Owner Information |
| License # | 017862 | | | | | PROMEDE HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 12808 WEST AIRPORT BLVD STE 285 |
| Medicare 1: | 679644 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (713) 234-7423 | Fax | (713) 234-7358 | | | Services: |
| Type | Parent Agency | Administrator | DAVIS EGWIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/28/2005 | Owner Information |
| License # | 010003 | | | | | PSALM 23 HEALTH SERVICES INC |
| Lic Expire | 09/30/2017 | | | | | 4407 MESA CROSSING LANE |
| Medicare 1: | 679565 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 491-2034 | Fax | (281) 491-2046 | | | Services: |
| Type | Parent Agency | Administrator | MOSES A CHUKWUMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 09/22/2017 | Owner Information |
| License # | 018478 | | | | | THE HOCHHALTER COLLABORATIVE, INC |
| Lic Expire | 09/30/2019 | | | | | 12808 W AIRPORT BLVD UNIT 316 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (713) 581-8160 | Fax | (713) 581-8162 | | | Services: |
| Type | Parent Agency | Administrator | COURTNEY HOCHHALTER | | | Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 01/05/2007 | Owner Information |
| License # | 010978 | | | | | SAHARA HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 14315 TASMANIA CT |
| Medicare 1: | 747165 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 766-0919 | Fax | (281) 313-4935 | | | Services: |
| Type | Parent Agency | Administrator | BINU KURIAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 12/14/2017 | Owner Information |
| License # | 018512 | | | | | SAHARA HOSPICE CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 14315 TASMANIA CT |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (832) 310-3317 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | BINU KURIAN | | | Hospice |
| County | FORT BEND | Region | 06 | Date Licensed | 12/13/2011 | Owner Information |
| License # | 014520 | | | | | SAYSA HEALTHCARE SERVICES, INC. |
| Lic Expire | 12/31/2017 | | | | | 11934 HUECO TANKS DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (713) 876-8043 | Fax | (281) 564-7279 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA AKO | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 02/26/2007 | Owner Information |
| License # | 011097 | | | | | SERENITY HEALTHCARE SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 101 SOUTHWESTERN BEND BLVD SUITE 212 |
| Medicare 1: | 679726 | | | | | SUGAR LAND, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 240-5653 | Fax | (281) 240-5669 | | | Services: |
| Type: | Parent Agency | Administrator | AUGUSTA UKAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 07/25/2007 | Owner Information |
| License # | 011493 | | | | | SHILOH FIRST HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 15611 OLETA LANE |
| Medicare 1: | 747215 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 750-1371 | Fax | (832) 886-0186 | | | Services: |
| Type: | Parent Agency | Administrator | BIBIAN MUKORO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/08/2016 | Owner Information |
| License # | 017308 | | | | | SILVER LINING HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 14226 ASHMORE REEF COURT |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 724-0279 | Fax | (713) 981-9280 | | | Services: |
| Type: | Parent Agency | Administrator | MARIE NEBA | | | Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 04/13/2006 | Owner Information |
| License # | 010390 | | | | | SPECIAL CARE HEALTH SERVICES INC. |
| Lic Expire | 04/30/2019 | | | | | 3940 BLUEBONNET DR |
| Medicare 1: | 679604 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 494-1835 | Fax | (281) 494-1895 | | | Services: |
| Type: | Parent Agency | Administrator | OLA TOYIN DANMOLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FORT BEND | Region | 06 | Date Licensed | 03/21/2006 | Owner Information |
| License # | 010872 | | | | | ST JUDE VISITING NURSES HOMEHEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 2020 N LOOP W SUITE 140 |
| Medicare 1: | 45Q3186001 | | | | | HOUSTON, TX 77018 |
| Medicare 2: | | | | | | |
| Phone | (832) 647-3166 | Fax | (713) 783-5883 | | | Services: |
| Type: | Branch Agency | Administrator | ERIC MINJARES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FORT BEND | Region | 06 | Date Licensed | 08/24/2010 | Owner Information |
| License # | 013538 | | | | | ST BRIDGET HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 16330 BETTONG CT |
| Medicare 1: | 747737 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (832) 630-6621 | Fax | (832) 413-5054 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGET GARUBA IKIAKHE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 03/03/2015 | Owner Information |
| License # | 016667 | | | | | STARS PALLIATIVE & HOSPICE CARE, INC |
| Lic Expire | 03/31/2019 | | | | | 6519 PONDER CHASE COURT |
| Medicare 1: | 741654 | | | | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 545-0247 | Fax | (713) 955-9671 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | SHERRIA BELL | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 12/14/2016 | Owner Information |
| License # | 017790 | | | | | SUGAR LAND SUPPORTIVE HEALTHCARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 13003 BRYNWOOD LANE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 277-3516 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BEATRIZ E MARTINEZ | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 03/09/2009 | Owner Information |
| License # | 012496 | | | | | SUGARLAND HOME HEALTH AGENCY INC |
| Lic Expire | 03/31/2019 | | | | | 13313 SOUTHWEST FREEWAY #107 |
| Medicare 1: | 747391 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 302-6998 | Fax | (281) 302-6562 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLORIA EKEKE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/17/2011 | Owner Information |
| License # | 014175 | | | | | SVM QUALITY HEALTHCARE INC |
| Lic Expire | 06/30/2019 | | | | | 3602 MYSTIC BAY CT |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 774-6561 | Fax | (888) 860-8357 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NDIPETTA SYLVIA EGBE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 07/25/2017 | Owner Information |
| License # | 018200 | | | | | SWIFT RESPONSE INC |
| Lic Expire | 07/31/2019 | | | | | 8700 COMMERCE PARK DR SUITE 128 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 228-5662 | Fax | | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRINCE CHIME | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 10/10/2001 | Owner Information |
| License # | 007751 | | | | | TEXAS HOME HEALTH SKILLED SERVICES |
| Lic Expire | 10/31/2019 | | | | | 12808 W. AIRPORT BLVD., SUITE#280 |
| Medicare 1: | 679102 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 880-0683 | Fax | (713) 869-2164 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERESA CASTILLO | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 08/15/2017 | Owner Information |
| License # | 018487 | | | | | THE PROVIDENCE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 11420 DAIRY ASHFORD RD SUITE 108 |
| Medicare 1: | 679749 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 532-7538 | Fax | (832) 532-7540 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DERWIN PITRE | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/09/2017 | Owner Information |
| License # | 018257 | | | | | THE PROVIDENCE HOSPICE INC |
| Lic Expire | 06/30/2019 | | | | | 11420 DAIRY ASHFORD RD SUITE #108 |
| Medicare 1: | 671763 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 532-7538 | Fax | (832) 532-7540 | | | Hospice |
| Type: | Parent Agency | Administrator | RANAY DANEK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 05/17/2010 | Owner Information |
| License # | 013324 | | | | | CASA MEDIO, INC |
| Lic Expire | 05/31/2018 | | | | | 507 MISTFLOWER DRIVE |
| Medicare 1: | | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 235-4075 | Fax | (281) 240-3064 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONALD G HEATH | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 01/26/2017 | Owner Information |
| License # | 017880 | | | | | PREMIERE CARE GROUP INC |
| Lic Expire | 01/31/2019 | | | | | 12808 W AIRPORT BLVD SUITE 303 C |
| Medicare 1: | | | | | | SUGARLAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 917-1704 | Fax | (866) 821-9796 | | | Hospice |
| Type: | Parent Agency | Administrator | KAFAYATU BOMBATA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 11/06/2013 | Owner Information |
| License # | 015884 | | | | | UNICK ANGELS HOME HEALTH SERVICES, INC. |
| Lic Expire | 11/30/2019 | | | | | 12808 W AIRPORT BLVD, SUITE #333 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 201-2247 | Fax | (281) 201-2248 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SADE ADAMS | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 05/27/2004 | Owner Information |
| License # | 009116 | | | | | SV LIVING ASSISTANCE LLC |
| Lic Expire | 05/31/2019 | | | | | 19901 SOUTHWEST FREEWAY SUITE 130 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 207-1259 | Fax | (281) 207-5401 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHEHNAZ VADGAMA | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/07/2016 | Owner Information |
| License # | 017447 | | | | | WHITE ORCHID HOSPICE |
| Lic Expire | 06/30/2018 | | | | | 14140 SOUTHWEST FREEWAY SUITE 100 |
| Medicare 1: | 741657 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 966-2215 | Fax | (866) 966-5057 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | CHARLOTTE GOEDKEN | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 07/26/2002 | Owner Information |
| License # | 008025 | | | | | YOUR QUALITY HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 13019 CAREYWOOD DRIVE |
| Medicare 1: | 679186 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 980-3242 | Fax | (281) 980-2628 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARSENIO G CASUYON | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 04/11/2017 | Owner Information |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 665-5065 | Fax | (713) 829-2740 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | |
| County | FORT BEND | Region | 06 | Date Licensed | 06/26/2008 | Owner Information |
| License # | 012177 | | | | | MILLENNIUM HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 15014 ROCK KNOLL DRIVE |
| Medicare 1: | 747813 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 532-0601 | Fax | (832) 532-0602 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNIE WILLIE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | FORT BEND | Region | 06 | Date Licensed | 04/26/2012 | Owner Information |
| License # | 014766 | | | | | ROSE OF SHARON HOME HEALTH, INC. |
| Lic Expire | 04/30/2018 | | | | | 14910 MILL BRANCH LANE |
| Medicare 1: | 747970 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (713) 367-7275 | Fax | (832) 500-4046 | | | Services: |
| Type: | Parent Agency | Administrator | TINA IWEGBU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FRANKLIN | Region | 04 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010659 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 04/30/2018 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 67Q7037002 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 270-6308 | Fax | (903) 270-6309 | | | Services: |
| Type: | Branch Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FRANKLIN | Region | 04 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008275 | | | | | JHC OPERATIONS LLC |
| Lic Expire | 12/31/2019 | | | | | 14295 MIDWAY RD., SUITE#400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 537-3600 | Fax | (903) 537-3300 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA GORE | | | Licensed Home Health Services, Personal Assistance Services |
| County | FRANKLIN | Region | 04 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008273 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 457507 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 537-2445 | Fax | (903) 537-2394 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN CROWELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FRANKLIN | Region | 04 | Date Licensed | 09/24/2009 | Owner Information |
| License # | 012871 | | | | | SERENITY PLUS HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 401 KAUFMAN STREET NORTH |
| Medicare 1: | 747707 | | | | | MT VERNON, TX 75457 |
| Medicare 2: | | | | | | |
| Phone | (214) 250-7744 | Fax | (214) 494-6232 | | | Services: |
| Type: | Parent Agency | Administrator | DONYA LYNN BARKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FREESTONE | Region | 07 | Date Licensed | 07/09/2002 | Owner Information |
| License # | 007296 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 02/28/2019 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 67Q7586001 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 389-3468 | Fax | (903) 389-3541 | | | Services: |
| Type: | Branch Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FREESTONE | Region | 07 | Date Licensed | 04/30/2003 | Owner Information |
| License # | 001674 | | | | | HOME HEALTH CARE OF HUNTSVILLE CO |
| Lic Expire | 04/30/2019 | | | | | PO BOX 6548 |
| Medicare 1: | | | | | | HUNTSVILLE, TX 77342 |
| Medicare 2: | | | | | | |
| Phone | (903) 389-9821 | Fax | (903) 389-9826 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES DESHAW | | | Licensed Home Health Services |
| County | FREESTONE | Region | 07 | Date Licensed | 09/28/2016 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | FREESTONE | Region | 07 | Date Licensed | 08/22/2007 | Owner Information |
| License # | 002485 | | | | | HOME HEALTH CARE OF HUNTSVILLE CO |
| Lic Expire | 01/31/2020 | | | | | PO BOX 6548 |
| Medicare 1: | 451574 | | | | | HUNTSVILLE, TX 77342 |
| Medicare 2: | | | | | | |
| Phone | (903) 389-9821 | Fax | (903) 389-9826 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JAMES DESHAW | | | Hospice |
| County | FREESTONE | Region | 07 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008276 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2018 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 45Q8346001 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (254) 739-2600 | Fax | (254) 739-3226 | | | Services: |
| Type: | Branch Agency | Administrator | TINA ANDERSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | FREESTONE | Region | 07 | Date Licensed | 10/08/2012 | Owner Information |
| License # | 014706 | | | | | COSMOS HOSPICE OF PINEYWOODS LLC |
| Lic Expire | 12/31/2019 | | | | | 12947 LAKE CONROE HILLS DRIVE SUITE C |
| Medicare 1: | | | | | | WILLIS, TX 77318 |
| Medicare 2: | | | | | | |
| Phone | (855) 637-4339 | Fax | (877) 322-3298 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | CASEY ALLEN WILSON | | | Hospice |
| County | FRIO | Region | 08 | Date Licensed | 05/07/2007 | Owner Information |
| License # | 011313 | | | | | DAILY LIVING HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 217 WEST MILLER |
| Medicare 1: | 747125 | | | | | DILLEY, TX 78017 |
| Medicare 2: | | | | | | |
| Phone | (830) 965-2034 | Fax | (830) 965-1769 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA L. VILLANUEVA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | FRIO | Region | 08 | Date Licensed | 11/21/2011 | Owner Information |
| License # | 013879 | | | | | VINTON & LONGORIA LLC |
| Lic Expire | 11/30/2018 | | | | | 1325 N. FLORES SUITE 114 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (830) 334-2255 | Fax | (830) 334-9003 | | | Services: |
| Type: | Branch Agency | Administrator | IRMA S VINTON | | | Personal Assistance Services |
| County | FRIO | Region | 08 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 009636 | | | | | A PLUS FAMILY CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 5002 WEST AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (830) 334-8880 | Fax | (820) 334-8882 | | | Services: |
| Type: | Branch Agency | Administrator | MOHAMED H. GHANNAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | FRIO | Region | 08 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 013850 | | | | | CARTER HEALTHCARE OF CENTRAL TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 2163 STEPHENS PLACE |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (830) 625-4837 | Fax | (830) 625-2194 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES BRIAN CARTER | | | Licensed Home Health Services |
| County | FRIO | Region | 08 | Date Licensed | 12/27/1986 | Owner Information |
| License # | 002021 | | | | | FRIO HOSPITAL ASSOCIATION |
| Lic Expire | 12/31/2019 | | | | | 200 S IH 35 |
| Medicare 1: | 677014 | | | | | PEARSALL, TX 78061 |
| Medicare 2: | | | | | | |
| Phone | (830) 334-2058 | Fax | (830) 334-5806 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA MARTINEZ | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | FRIO | Region | 08 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007332 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 334-8070 | Fax | (830) 334-4905 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TRACIE PHELPS | | | |
| County | GAINES | Region | 09 | Date Licensed | 06/18/2003 | Owner Information |
| License # | 008511 | | | | | SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS |
| Lic Expire | 06/30/2018 | | | | | 209 NORTHWEST 8TH STREET |
| Medicare 1: | 451737 | | | | | SEMINOLE, TX 79360 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 758-2247 | Fax | (432) 758-4884 | | | Hospice |
| Type: | Parent Agency | Administrator | NICOLE ACOSTA | | | |
| County | GAINES | Region | 09 | Date Licensed | 07/21/1988 | Owner Information |
| License # | 001990 | | | | | SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS |
| Lic Expire | 07/31/2019 | | | | | 209 NORTHWEST 8TH STREET |
| Medicare 1: | 677184 | | | | | SEMINOLE, TX 79360 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 758-2247 | Fax | (432) 758-4884 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | NICOLE ACOSTA | | | |
| County | GALVESTON | Region | 06 | Date Licensed | 01/12/2017 | Owner Information |
| License # | 017852 | | | | | ABSOLUTE HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 464 POMPAÑO ST |
| Medicare 1: | 741680 | | | | | BAYOU VISTA, TX 77563 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 440-8199 | Fax | (409) 316-4548 | | | Hospice |
| Type: | Parent Agency | Administrator | EMILY LUPTON WAGNER | | | |
| County | GALVESTON | Region | 06 | Date Licensed | 08/12/2005 | Owner Information |
| License # | 009911 | | | | | ALL ACROSS AMERICA HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1649 |
| Medicare 1: | 747091 | | | | | LA MARQUE, TX 77568 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 343-6942 | Fax | (281) 404-5631 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONNA STRANGE | | | |
| County | GALVESTON | Region | 06 | Date Licensed | 10/01/2012 | Owner Information |
| License # | 015105 | | | | | CONSTANT COMPANION LLC |
| Lic Expire | 09/30/2018 | | | | | 2874 POINTE DRIVE |
| Medicare 1: | | | | | | DICKINSON, TX 77539 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 235-5052 | Fax | (281) 534-7095 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELA MARIA GARCIA | | | |
| County | GALVESTON | Region | 06 | Date Licensed | 06/05/2017 | Owner Information |
| License # | 018089 | | | | | MADAY HEALTH CONSULTING LLC |
| Lic Expire | 06/30/2019 | | | | | 578 SOUTHAMPTON LN. |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 372-0215 | Fax | (832) 226-5251 | | | Hospice |
| Type: | Parent Agency | Administrator | MARY A. JAMES | | | |
| County | GALVESTON | Region | 06 | Date Licensed | 11/23/2004 | Owner Information |
| License # | 009424 | | | | | APOSTLE HOME HEALTH CARE PLLC |
| Lic Expire | 11/30/2018 | | | | | 306 S FRIENDSWOOD DR STE B |
| Medicare 1: | 457915 | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 996-5701 | Fax | (281) 996-5791 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KATHRYN FOX MORRISON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | GALVESTON | Region | 06 | Date Licensed | 08/12/2011 | Owner Information |
| License # | 014278 | | | | | PCDG ENTERPRISES LLC |
| Lic Expire | 08/31/2019 | | | | | 150 W SHADOWBEND AVE SUITE 400 |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (281) 606-4335 | Fax | (281) 606-4337 | | | Services: |
| Type: | Parent Agency | Administrator | KATHERINE ROSS | | | Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 06/29/2007 | Owner Information |
| License # | 011667 | | | | | CITY CROWN HOME HEALTH AGENCY INC |
| Lic Expire | 06/30/2018 | | | | | 1560 WEST BAY AREA BLVD |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (281) 486-2020 | Fax | (281) 486-2096 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA OKAFOR | | | Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 12/31/2013 | Owner Information |
| License # | 016013 | | | | | ETON HOME HEALTHCARE INC |
| Lic Expire | 12/31/2019 | | | | | 1560 W BAY AREA BLVD SUITE # 240 |
| Medicare 1: | 743194 | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (281) 480-4235 | Fax | (281) 480-4465 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE D EASTWOOD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 12/04/2017 | Owner Information |
| License # | 018482 | | | | | THE CHATTERBOX INC |
| Lic Expire | 12/31/2019 | | | | | 907 CACTUS RIDGE CT., |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (713) 855-4579 | Fax | (832) 569-2636 | | | Services: |
| Type: | Parent Agency | Administrator | ANYA MORGAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 04/03/2009 | Owner Information |
| License # | 012536 | | | | | RESIDENTIAL HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 1560 W BAY AREA BLVD SUITE 103 |
| Medicare 1: | 747249 | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (281) 956-5660 | Fax | (281) 956-5662 | | | Services: |
| Type: | Parent Agency | Administrator | ROGER ACHUO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 05/22/2012 | Owner Information |
| License # | 014817 | | | | | RIGHT CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 4815 FM 2351 STE 208 |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (281) 993-4410 | Fax | (281) 993-8203 | | | Services: |
| Type: | Parent Agency | Administrator | MELINDA NELSON | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 08/29/2016 | Owner Information |
| License # | 017597 | | | | | SILVER LININGS HOME CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 2834 LOVE LANE |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (832) 489-6960 | Fax | (832) 201-8226 | | | Services: |
| Type: | Parent Agency | Administrator | LORI LYNNE SPRADLIN | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 02/07/2017 | Owner Information |
| License # | 017907 | | | | | SITTING SAINTS LLC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 395 |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77574 |
| Medicare 2: | | | | | | |
| Phone | (281) 450-3443 | Fax | (281) 992-2231 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY TER BEEK | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------|---------------|------------|--|
| County | GALVESTON | Region | 06 | Date Licensed | 05/30/2008 | <u>Owner Information</u> |
| License # | 012037 | | | | | V & R HEALTH CARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 6137 CARLISLE LANE |
| Medicare 1: | 747192 | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 332-1140 | Fax | (281) 332-1145 | | | Services: |
| Type: | Parent Agency | Administrator | VENESSA CORTEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 07/30/2009 | <u>Owner Information</u> |
| License # | 012753 | | | | | ABSOLUTE KHEIR SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 651 N EGRET BAY BLVD STE K |
| Medicare 1: | 747414 | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 557-0890 | Fax | (281) 557-0986 | | | Services: |
| Type: | Parent Agency | Administrator | BRENT C MARTIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 01/01/2001 | <u>Owner Information</u> |
| License # | 007603 | | | | | ASSIST- MED INC |
| Lic Expire | 12/31/2017 | | | | | 2000 S. DAIRY ASHFORD #450 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (409) 621-1114 | Fax | (409) 621-1544 | | | Services: |
| Type: | Branch Agency | Administrator | RUTH BRIGGS | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 05/11/2007 | <u>Owner Information</u> |
| License # | 011323 | | | | | KRISTEN CARES INC |
| Lic Expire | 05/31/2018 | | | | | 1623 BROADWAY |
| Medicare 1: | | | | | | GALVESTON, TX 77550 |
| Medicare 2: | | | | | | |
| Phone | (409) 740-7400 | Fax | (409) 621-1113 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTEN CARLSON | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 01/12/1998 | <u>Owner Information</u> |
| License # | 006270 | | | | | SIGMA HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 1609 TREMONT STREET |
| Medicare 1: | 459423 | | | | | GALVESTON, TX 77550 |
| Medicare 2: | | | | | | |
| Phone | (409) 763-6800 | Fax | (409) 763-2905 | | | Services: |
| Type: | Parent Agency | Administrator | AMER JAMIL TAHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 08/19/2016 | <u>Owner Information</u> |
| License # | 017585 | | | | | CRYSTAL BEACH VENTURES LLC |
| Lic Expire | 08/31/2018 | | | | | 2121 MARKET ST SUITE 101 |
| Medicare 1: | | | | | | GALVESTON, TX 77550 |
| Medicare 2: | | | | | | |
| Phone | (409) 974-4935 | Fax | (409) 632-7980 | | | Services: |
| Type: | Parent Agency | Administrator | BRANDY MOEHLMANN | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 10/10/2001 | <u>Owner Information</u> |
| License # | 007750 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 10/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679104 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (409) 762-5753 | Fax | (409) 762-2889 | | | Services: |
| Type: | Parent Agency | Administrator | AMY COMEAUX | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 04/23/2008 | <u>Owner Information</u> |
| License # | 012134 | | | | | BOLTON HEALTHCARE LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 841 |
| Medicare 1: | 677977 | | | | | ELKHART, TX 75839 |
| Medicare 2: | | | | | | |
| Phone | (409) 927-4703 | Fax | (409) 927-4738 | | | Services: |
| Type: | Parent Agency | Administrator | ROY BOLTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------------|---------------|------------|--|
| County | GALVESTON | Region | 06 | Date Licensed | 05/11/2005 | <u>Owner Information</u> |
| License # | 009750 | | | | | MARIBEL PIRELA |
| Lic Expire | 05/31/2019 | | | | | 811 BRADFORD UNIT 7A |
| Medicare 1: | | | | | | KEMAH, TX 77565 |
| Medicare 2: | | | | | | |
| Phone | (281) 538-0248 | Fax | (281) 576-8731 | | | Services: |
| Type: | Parent Agency | Administrator | MARIBEL PIRELA MELANCON | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 10/08/2014 | <u>Owner Information</u> |
| License # | 016465 | | | | | ORTHRUS INC |
| Lic Expire | 10/31/2018 | | | | | 2600 S SHORE BLVD SUITE 300 |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 652-5492 | Fax | (281) 652-5507 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM LONG | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 01/09/2013 | <u>Owner Information</u> |
| License # | 015295 | | | | | COVALENT STRATEGIES INC |
| Lic Expire | 01/31/2019 | | | | | 2925 GULF FWY SOUTH STE B #227 |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (832) 900-9416 | Fax | (832) 900-9455 | | | Services: |
| Type: | Parent Agency | Administrator | BONNIE B. BENKULA | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 04/08/2005 | <u>Owner Information</u> |
| License # | 009684 | | | | | CCP CONSTANT CARE PROVIDERS LP |
| Lic Expire | 04/30/2019 | | | | | 2239 WOODWIND WAY |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 748-3792 | Fax | (281) 332-7050 | | | Services: |
| Type: | Parent Agency | Administrator | VALERIE SALAZAR | | | Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 05/09/2013 | <u>Owner Information</u> |
| License # | 015533 | | | | | ACCORD HOSPICE CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 1358 PORTA ROSA LANE |
| Medicare 1: | 741595 | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 476-0436 | Fax | (866) 633-3559 | | | Services: |
| Type: | Parent Agency | Administrator | ALEJANDRA DELAGARZA | | | Hospice |
| County | GALVESTON | Region | 06 | Date Licensed | 11/21/2017 | <u>Owner Information</u> |
| License # | 018463 | | | | | GARDEN CYCLE HEALTHCARE SYSTEM LLC |
| Lic Expire | 11/30/2019 | | | | | 2608 CHINABERRY PARK LANE |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 217-6952 | Fax | (281) 217-7617 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR IHEGWORO EJIMADU | | | Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 03/14/2007 | <u>Owner Information</u> |
| License # | 011150 | | | | | HEALTH VISION HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 2605 POTOMAC DRIVE |
| Medicare 1: | 747313 | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (713) 447-5915 | Fax | (281) 332-2101 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMOND UZOUKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 07/16/2013 | <u>Owner Information</u> |
| License # | 015653 | | | | | HOME HEALTH EXPERTS OF TEXAS, INC. |
| Lic Expire | 07/31/2019 | | | | | 3882 SUMMER MANOR DRIVE |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (832) 226-1733 | Fax | (281) 781-2500 | | | Services: |
| Type: | Parent Agency | Administrator | LAKEESHA PATRICIA NORTON | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------------|---------------|------------|---|
| County | GALVESTON | Region | 06 | Date Licensed | 07/22/2014 | Owner Information |
| License # | 016327 | | | | | DAVID BONIFACE |
| Lic Expire | 07/31/2018 | | | | | 206 MEADOW GATE DRIVE |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 338-9829 | Fax | (281) 338-9830 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID BONIFACE | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 06/30/2004 | Owner Information |
| License # | 009291 | | | | | JEBY HEALTH CARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 614 WEST MAIN STREET SUITE D 101 |
| Medicare 1: | 679176 | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 332-6569 | Fax | (281) 332-1076 | | | Services: |
| Type: | Parent Agency | Administrator | EBERE F AMAECHI AKUECHIAMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 05/01/2013 | Owner Information |
| License # | 015581 | | | | | PF DEVELOPMENT 7, LLC |
| Lic Expire | 04/30/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 673161 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (281) 332-4147 | Fax | (281) 338-1610 | | | Services: |
| Type: | Parent Agency | Administrator | TYRICE THOMAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 05/01/2013 | Owner Information |
| License # | 015580 | | | | | PF DEVELOPMENT 7, LLC |
| Lic Expire | 04/30/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 671596 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (281) 332-4519 | Fax | (281) 332-1561 | | | Services: |
| Type: | Parent Agency | Administrator | KELLIE CURRY | | | Hospice |
| County | GALVESTON | Region | 06 | Date Licensed | 02/12/2013 | Owner Information |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 724-1577 | Fax | (281) 724-1580 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLES M WILCOX | | | Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 01/26/2018 | Owner Information |
| License # | 018577 | | | | | FAITH AND MARIE LLC |
| Lic Expire | 01/31/2020 | | | | | 1100 GULF FREEWAY SUITE 110 |
| Medicare 1: | | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (713) 397-8020 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MARIE YOUNGBLLOD | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 08/03/2011 | Owner Information |
| License # | 014250 | | | | | VILLAGE HOME HEALTH, LLC |
| Lic Expire | 08/31/2019 | | | | | 631 N EGRET BAY BLVD SUITE A |
| Medicare 1: | 747755 | | | | | LEAGUE CITY, TX 77573 |
| Medicare 2: | | | | | | |
| Phone | (281) 554-6742 | Fax | (281) 554-6748 | | | Services: |
| Type: | Parent Agency | Administrator | MISTY LACKEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | GALVESTON | Region | 06 | Date Licensed | 03/31/2014 | Owner Information |
| License # | 015315 | | | | | A*MED HEALTH, INC. |
| Lic Expire | 10/31/2018 | | | | | 8901 E F LOWRY EXPRESSWAY, SUITE # A |
| Medicare 1: | 451624 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | | | | | | |
| Phone | (713) 947-6200 | Fax | (713) 947-7197 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOE HINOJOSA | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-------------------|---------------|------------|--|
| County | GALVESTON | Region | 06 | Date Licensed | 10/18/2012 | Owner Information |
| License # | 015315 | | | | | A*MED HEALTH, INC. |
| Lic Expire | 10/31/2018 | | | | | 8901 E F LOWRY EXPRESSWAY, SUITE # A |
| Medicare 1: | 451624 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | | | | | | |
| Phone | (409) 935-0169 | Fax | (409) 933-1770 | | | Services: |
| Type: | Parent Agency | Administrator | JOE HINOJOSA | | | Hospice |
| County | GALVESTON | Region | 06 | Date Licensed | 10/15/2012 | Owner Information |
| License # | 015278 | | | | | HOME HEALTH PROVIDERS, INC. |
| Lic Expire | 10/31/2018 | | | | | 4008 VISTA DRIVE, SUITE #200B |
| Medicare 1: | 678259 | | | | | PASADENA, TX 77504 |
| Medicare 2: | | | | | | |
| Phone | (713) 941-2115 | Fax | (713) 941-3317 | | | Services: |
| Type: | Parent Agency | Administrator | WALT CROWDER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 10/18/2012 | Owner Information |
| License # | 015409 | | | | | AMED SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 8901 E F LOWRY EXPWY, SUITE A |
| Medicare 1: | 677457 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | | | | | | |
| Phone | (409) 935-1675 | Fax | (409) 935-8501 | | | Services: |
| Type: | Parent Agency | Administrator | MISTY MILLS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GALVESTON | Region | 06 | Date Licensed | 12/18/2013 | Owner Information |
| License # | 016046 | | | | | DENSON TEXAS HOLDINGS, LLC |
| Lic Expire | 12/31/2019 | | | | | 1621 23RD STREET |
| Medicare 1: | | | | | | GALVESTON, TX 77550 |
| Medicare 2: | | | | | | |
| Phone | (409) 762-0444 | Fax | (409) 762-0994 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE WILLIAMS | | | Personal Assistance Services |
| County | GALVESTON | Region | 06 | Date Licensed | 05/24/1985 | Owner Information |
| License # | 001694 | | | | | HOSPICE CARE TEAM INC |
| Lic Expire | 05/31/2019 | | | | | 107 WEST WAY #29 |
| Medicare 1: | 451508 | | | | | LAKE JACKSON, TX 77566 |
| Medicare 2: | | | | | | |
| Phone | (409) 938-0070 | Fax | (409) 316-9575 | | | Services: |
| Type: | Parent Agency | Administrator | JOE CHAPMAN | | | Hospice |
| County | GARZA | Region | 01 | Date Licensed | 10/04/2008 | Owner Information |
| License # | 012273 | | | | | CORDOVA BAY LTD |
| Lic Expire | 10/31/2018 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7078005 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 495-2990 | Fax | (806) 495-2992 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON RN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GILLESPIE | Region | 08 | Date Licensed | 07/19/2006 | Owner Information |
| License # | 010620 | | | | | AVE MARIA HOSPICE INC |
| Lic Expire | 07/31/2019 | | | | | 12078 S HWY 16 |
| Medicare 1: | 671595 | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (830) 997-1709 | Fax | (830) 997-6574 | | | Services: |
| Type: | Parent Agency | Administrator | SHIRLEY HIGDON | | | Hospice |
| County | GILLESPIE | Region | 08 | Date Licensed | 06/01/2010 | Owner Information |
| License # | 013547 | | | | | ENCOMPASS HOME HEALTH OF AUSTIN LLC |
| Lic Expire | 05/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 677951 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (830) 990-2423 | Fax | (830) 990-2430 | | | Services: |
| Type: | Parent Agency | Administrator | MARY STEPHENS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-------------------|---------------|------------|--|
| County | GILLESPIE | Region | 08 | Date Licensed | 01/28/2015 | <u>Owner Information</u> |
| License # | 016622 | | | | | FREDERICKSBURG HOME CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 409 N. MILAM |
| Medicare 1: | | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (830) 992-3392 | Fax | (830) 992-3392 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA STEWART | | | Personal Assistance Services |
| County | GILLESPIE | Region | 08 | Date Licensed | 04/01/2010 | <u>Owner Information</u> |
| License # | 013267 | | | | | HILL COUNTRY MEMORIAL HOSPITAL |
| Lic Expire | 03/31/2018 | | | | | PO BOX 835 |
| Medicare 1: | 457216 | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (830) 997-1336 | Fax | (830) 997-1559 | | | Services: |
| Type: | Parent Agency | Administrator | RUSSELL C NEMKY | | | Licensed and Certified Home Health Services |
| County | GILLESPIE | Region | 08 | Date Licensed | 04/01/2010 | <u>Owner Information</u> |
| License # | 013266 | | | | | HILL COUNTRY MEMORIAL HOSPITAL |
| Lic Expire | 03/31/2018 | | | | | PO BOX 835 |
| Medicare 1: | | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (830) 997-1336 | Fax | (830) 997-1559 | | | Services: |
| Type: | Parent Agency | Administrator | KATHERINE HASSLER | | | Licensed Home Health Services |
| County | GILLESPIE | Region | 08 | Date Licensed | 07/01/1999 | <u>Owner Information</u> |
| License # | 007156 | | | | | GREATER HILL COUNTRY HOSPICE |
| Lic Expire | 06/30/2019 | | | | | P O BOX 835 |
| Medicare 1: | 451600 | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (830) 997-1335 | Fax | (830) 997-3547 | | | Services: |
| Type: | Parent Agency | Administrator | ANNETTE WATTERS | | | Hospice |
| County | GILLESPIE | Region | 08 | Date Licensed | 10/13/2017 | <u>Owner Information</u> |
| License # | 018374 | | | | | VOTIVE HOSPICE LLC |
| Lic Expire | 10/31/2019 | | | | | P. O. BOX 1925 |
| Medicare 1: | | | | | | FREDERICKSBURG, TX 78624 |
| Medicare 2: | | | | | | |
| Phone | (512) 560-8604 | Fax | (830) 990-4731 | | | Services: |
| Type: | Parent Agency | Administrator | CHASE PERRY | | | Hospice |
| County | GONZALES | Region | 08 | Date Licensed | 06/28/1984 | <u>Owner Information</u> |
| License # | 001500 | | | | | GONZALES HEALTHCARE SYSTEMS |
| Lic Expire | 06/30/2019 | | | | | PO BOX 587 |
| Medicare 1: | 457634 | | | | | GONZALES, TX 78629 |
| Medicare 2: | | | | | | |
| Phone | (830) 672-9508 | Fax | (830) 672-3093 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL MIKESH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GONZALES | Region | 08 | Date Licensed | 03/28/2011 | <u>Owner Information</u> |
| License # | 013984 | | | | | DECHMAN LEGACY, LLC |
| Lic Expire | 03/31/2019 | | | | | 9028 STATE HWY 304 |
| Medicare 1: | | | | | | HARWOOD, TX 78632 |
| Medicare 2: | | | | | | |
| Phone | (830) 672-6900 | Fax | (830) 672-6904 | | | Services: |
| Type: | Parent Agency | Administrator | MIJ DECHMAN | | | Personal Assistance Services |
| County | GRAY | Region | 01 | Date Licensed | 03/21/2006 | <u>Owner Information</u> |
| License # | 008662 | | | | | KINDSTAR INC |
| Lic Expire | 09/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 45Q7754004 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (806) 665-9700 | Fax | (806) 665-9701 | | | Services: |
| Type: | Branch Agency | Administrator | PRIMITIVO CUELLAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | GRAY | Region | 01 | Date Licensed | 12/16/2005 | Owner Information |
| License # | 007787 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 45Q9426001 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 665-1445 | Fax | (806) 688-0186 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GRAY | Region | 01 | Date Licensed | 12/01/2005 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 665-1445 | Fax | (806) 665-0186 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed Home Health Services, Personal Assistance Services |
| County | GRAY | Region | 01 | Date Licensed | 02/25/2010 | Owner Information |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 352-0241 | Fax | (806) 688-0186 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | Hospice |
| County | GRAYSON | Region | 03 | Date Licensed | 03/10/2007 | Owner Information |
| License # | 011381 | | | | | PATIENTS BEST CHOICE HOME HEALTHCARE, INC. |
| Lic Expire | 03/31/2020 | | | | | 3427 W FM 120, SUITE #105 |
| Medicare 1: | 677841 | | | | | DENISON, TX 75020 |
| Medicare 2: | | | | | | |
| Phone | (903) 462-0604 | Fax | (903) 462-0603 | | | Services: |
| Type: | Parent Agency | Administrator | SONJA SWEENEY | | | Licensed and Certified Home Health Services |
| County | GRAYSON | Region | 03 | Date Licensed | 07/02/1995 | Owner Information |
| License # | 001497 | | | | | RED RIVER HEALTH CARE SYSTEMS INC |
| Lic Expire | 06/30/2018 | | | | | 308 EAST CHESTNUT STREET |
| Medicare 1: | | | | | | DENISON, TX 75021 |
| Medicare 2: | | | | | | |
| Phone | (903) 465-8277 | Fax | (903) 463-1954 | | | Services: |
| Type: | Branch Agency | Administrator | STEPHANIE WIDEMAN | | | Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 04/24/2012 | Owner Information |
| License # | 014980 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 04/30/2018 | | | | | 1555 REGAL ROW |
| Medicare 1: | 679677 | | | | | DALLAS, TX 75247 |
| Medicare 2: | | | | | | |
| Phone | (903) 463-6700 | Fax | (903) 463-6704 | | | Services: |
| Type: | Parent Agency | Administrator | PHILIP CRISWELL | | | Licensed and Certified Home Health Services |
| County | GRAYSON | Region | 03 | Date Licensed | 01/08/2007 | Owner Information |
| License # | 011367 | | | | | UHS OF TEXOMA INC |
| Lic Expire | 01/31/2018 | | | | | 367 S GULPH ROAD |
| Medicare 1: | 457655 | | | | | KING OF PRUSSIA, PA 19406 |
| Medicare 2: | | | | | | |
| Phone | (903) 416-5500 | Fax | (903) 464-0057 | | | Services: |
| Type: | Parent Agency | Administrator | CONNIE CLARK | | | Licensed and Certified Home Health Services |
| County | GRAYSON | Region | 03 | Date Licensed | 04/05/2010 | Owner Information |
| License # | 013209 | | | | | APPROVED IN HOME CARE LLC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 528 |
| Medicare 1: | | | | | | GUNTER, TX 75058 |
| Medicare 2: | | | | | | |
| Phone | (972) 658-4001 | Fax | (903) 433-2000 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA MCCONNELL | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | GRAYSON | Region | 03 | Date Licensed | 03/07/2000 | <u>Owner Information</u> |
| License # | 007272 | | | | | ADVANTX HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 704 S SAM RAYBURN FREEWAY |
| Medicare 1: | 459490 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 813-8681 | Fax | (903) 813-8702 | | | Services: |
| Type: | Parent Agency | Administrator | CHANDA EASTRIDGE-REIFEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GRAYSON | Region | 03 | Date Licensed | 08/21/2006 | <u>Owner Information</u> |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | 679141 | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | |
| Phone | (903) 532-1400 | Fax | (903) 532-1401 | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER RODGERS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 03/31/2016 | <u>Owner Information</u> |
| License # | 017465 | | | | | CARINGBRIDGE HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2018 | | | | | 207 S TRAVIS ST |
| Medicare 1: | 747493 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 870-1000 | Fax | (903) 870-1002 | | | Services: |
| Type: | Parent Agency | Administrator | MARILYN J DAVIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 06/10/1996 | <u>Owner Information</u> |
| License # | 004629 | | | | | ICETTE HOMECARE COMPANY |
| Lic Expire | 06/30/2018 | | | | | 600 NORTH CROCKETT STREET |
| Medicare 1: | 459038 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 868-3648 | Fax | (903) 892-0067 | | | Services: |
| Type: | Parent Agency | Administrator | JANICE RAY LEHMANN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 11/30/2004 | <u>Owner Information</u> |
| License # | 009528 | | | | | ENCOMPASS OF FORT WORTH LP |
| Lic Expire | 11/30/2018 | | | | | 6688 N CENTRAL EXPY SUITE 1300 |
| Medicare 1: | 459381 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (903) 813-3238 | Fax | (903) 892-3592 | | | Services: |
| Type: | Parent Agency | Administrator | MISHALENE NASH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GRAYSON | Region | 03 | Date Licensed | 11/04/2008 | <u>Owner Information</u> |
| License # | 012399 | | | | | S FISHER & S THOMAS INC |
| Lic Expire | 11/30/2018 | | | | | 1500 N GREENVILLE AVE, SUITE 300 |
| Medicare 1: | 45Q8041004 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (903) 870-2347 | Fax | (903) 892-9184 | | | Services: |
| Type: | Branch Agency | Administrator | AMANDA PRUETT | | | Licensed and Certified Home Health Services |
| County | GRAYSON | Region | 03 | Date Licensed | 02/11/2009 | <u>Owner Information</u> |
| License # | 012444 | | | | | TRUE GUARDIAN HOSPICE INC |
| Lic Expire | 02/28/2019 | | | | | 2009 INDEPENDENCE DR SUITE 100 |
| Medicare 1: | 671652 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 868-0267 | Fax | (903) 868-0297 | | | Services: |
| Type: | Parent Agency | Administrator | STACY MCDONALD | | | Hospice |
| County | GRAYSON | Region | 03 | Date Licensed | 10/15/2013 | <u>Owner Information</u> |
| License # | 016023 | | | | | HEART TO HEART HOSPICE OF NORTH TEXAS LLC |
| Lic Expire | 10/31/2017 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671730 | | | | | PLANO, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 892-6406 | Fax | (903) 892-6407 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT WATSON | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | GRAYSON | Region | 03 | Date Licensed | 12/15/2016 | <u>Owner Information</u> |
| License # | 017791 | | | | | HEAVENLY COMFORT HOSPICE LLC |
| Lic Expire | 12/31/2018 | | | | | 600 E TAYLOR ST SUITE 311 |
| Medicare 1: | | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 892-5700 | Fax | (903) 892-5705 | | | Services: |
| Type: | Parent Agency | Administrator | DEBBIE SPEGAL-HARMON | | | Hospice |
| County | GRAYSON | Region | 03 | Date Licensed | 08/09/2001 | <u>Owner Information</u> |
| License # | 007695 | | | | | CELESTIAL HOMECARE INC |
| Lic Expire | 08/31/2018 | | | | | 600 N CROCKETT STREET |
| Medicare 1: | | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 868-1339 | Fax | (903) 892-0067 | | | Services: |
| Type: | Parent Agency | Administrator | JANICE R LEHMANN | | | Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 08/21/1987 | <u>Owner Information</u> |
| License # | 001861 | | | | | HOME HOSPICE |
| Lic Expire | 08/31/2018 | | | | | 505 WEST CENTER STREET |
| Medicare 1: | 451518 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 868-9315 | Fax | (903) 893-2772 | | | Services: |
| Type: | Parent Agency | Administrator | TINA GARNER | | | Hospice |
| County | GRAYSON | Region | 03 | Date Licensed | 08/23/2006 | <u>Owner Information</u> |
| License # | 010695 | | | | | HOME INSTEAD SENIOR CARE |
| Lic Expire | 08/31/2018 | | | | | 1109 SOUTH SAM RAYBURN FWY STE 200 |
| Medicare 1: | | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 893-1100 | Fax | (903) 893-1108 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM DUNGAN | | | Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 08/04/2004 | <u>Owner Information</u> |
| License # | 009235 | | | | | HOSPICE PLUS |
| Lic Expire | 08/31/2018 | | | | | 100 W LAMBERTH ROAD SUITE C |
| Medicare 1: | 451780 | | | | | SHERMAN, TX 75092 |
| Medicare 2: | | | | | | |
| Phone | (903) 893-3903 | Fax | (903) 893-3927 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | GRAYSON | Region | 03 | Date Licensed | 06/01/2016 | <u>Owner Information</u> |
| License # | 010782 | | | | | INTERIM HEALTHCARE |
| Lic Expire | 05/31/2019 | | | | | 2306 N TRAVIS ST |
| Medicare 1: | | | | | | SHERMAN, TX 75092 |
| Medicare 2: | | | | | | |
| Phone | (903) 357-5704 | Fax | (903) 357-5725 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRY SHELL | | | Licensed Home Health Services, Personal Assistance Services |
| County | GRAYSON | Region | 03 | Date Licensed | 04/18/2016 | <u>Owner Information</u> |
| License # | 014809 | | | | | INTERIM HOSPICE OF GRANBURY |
| Lic Expire | 05/31/2018 | | | | | 2306 N TRAVIS ST |
| Medicare 1: | | | | | | SHERMAN, TX 75092 |
| Medicare 2: | | | | | | |
| Phone | (903) 357-5704 | Fax | (903) 367-5725 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | CURT BOATMAN | | | Hospice |
| County | GRAYSON | Region | 03 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008269 | | | | | JORDAN HEALTH SERVICES |
| Lic Expire | 12/31/2019 | | | | | 1401 S SAM RAYBURN FREEWAY SUITE 500 |
| Medicare 1: | 677720 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | |
| Phone | (903) 892-3163 | Fax | (903) 892-3193 | | | Services: |
| Type: | Parent Agency | Administrator | BENJAMIN BRADLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | GRAYSON | Region | 03 | Date Licensed | 04/30/2014 | <u>Owner Information</u> |
| License # | 016263 | | | | | MAYS HOME HEALTH OF PARIS TX LLC |
| Lic Expire | 04/30/2018 | | | | | 3310 LAMAR AVENUE SUITE A |
| Medicare 1: | 45Q7586002 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 868-1589 | Fax | (903) 868-1620 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ERIK K DRENNEN | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 03/24/2006 | <u>Owner Information</u> |
| License # | 007339 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 870-0063 | Fax | (903) 892-6145 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARY ELIZABETH ROBERTS | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 08/01/2014 | <u>Owner Information</u> |
| License # | 016681 | | | | | QUALITY HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 1515 SAM RAYBURN FREEWAY |
| Medicare 1: | 677638 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 892-9281 | Fax | (903) 870-0580 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DEBORAH BATES | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 09/11/2014 | <u>Owner Information</u> |
| License # | 016727 | | | | | QUALITY HOME HEALTH CARE INC |
| Lic Expire | 09/30/2018 | | | | | 1515 S. SAM RAYBURN FREEWAY |
| Medicare 1: | | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 892-9281 | Fax | (903) 870-0580 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBORAH BATES | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 08/10/2015 | <u>Owner Information</u> |
| License # | 017042 | | | | | SERENITY BEST HOME HEALTH LLC |
| Lic Expire | 08/31/2019 | | | | | 600 EAST TAYLOR SUITE 311 |
| Medicare 1: | 747589 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 892-5700 | Fax | (903) 892-5705 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DEBBIE SPEGAL-HARMON | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 01/31/2007 | <u>Owner Information</u> |
| License # | 011046 | | | | | SISTERS CARE INC |
| Lic Expire | 01/31/2019 | | | | | 212 N CROCKETT SUITE D |
| Medicare 1: | | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 813-8477 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBRA C NORRIS WILLIAMS | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 05/21/2002 | <u>Owner Information</u> |
| License # | 007940 | | | | | SHER DEN HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 810 NORTH TRAVIS STREET |
| Medicare 1: | 679156 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 892-1000 | Fax | (903) 892-1071 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GRZEGORZ WEISS | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 05/22/1996 | <u>Owner Information</u> |
| License # | 001939 | | | | | SUNRISE HOME HEALTH SERVICES OF AMERICA INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 494728 |
| Medicare 1: | 67Q7158001 | | | | | GARLAND, TX 75049 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 893-1296 | Fax | (903) 893-8421 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | NEVILLE GOVENDER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | GRAYSON | Region | 03 | Date Licensed | 11/28/2001 | <u>Owner Information</u> |
| License # | 007190 | | | | | SUNRISE PRIMARY CARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 1221 ARISTA LN |
| Medicare 1: | | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 893-1296 | Fax | (903) 893-8421 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HANS SCHULZ | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 06/24/2011 | <u>Owner Information</u> |
| License # | 014494 | | | | | APPLE RECOVERY HEALTHCARE INC. |
| Lic Expire | 06/30/2019 | | | | | 5901 US HWY 75 SOUTH |
| Medicare 1: | 677850 | | | | | SHERMAN, TX 75090 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 868-9991 | Fax | (903) 868-9994 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BETH PERKINS | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 05/13/2014 | <u>Owner Information</u> |
| License # | 016205 | | | | | VISIONARY HOME HEALTH CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 404 N BRYANT AVE |
| Medicare 1: | 747934 | | | | | SHERMAN, TX 75092 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 870-1600 | Fax | (903) 870-1640 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMEE WIX | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 09/02/2005 | <u>Owner Information</u> |
| License # | 009937 | | | | | DJK HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 901 WATERFALL WAY SUITE 105 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 482-9020 | Fax | (903) 482-9019 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELISSA BULLOCK | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 02/26/2015 | <u>Owner Information</u> |
| License # | 016842 | | | | | TOWN AND COUNTRY HOME CARE & REHAB LLC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 277 |
| Medicare 1: | 747302 | | | | | VAN ALSTYNE, TX 75495 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 487-4245 | Fax | (855) 498-3325 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LESLIE JACKSON | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 02/11/2011 | <u>Owner Information</u> |
| License # | 013885 | | | | | VIKA MEDICAL SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 3820 EVESHAM DRIVE |
| Medicare 1: | 747948 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 772-6313 | Fax | (888) 736-1274 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUKHE O AGHOMO | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 05/11/2009 | <u>Owner Information</u> |
| License # | 012592 | | | | | WE CARE 4 YOU HOME HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 3908 SENNEN COURT |
| Medicare 1: | | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 923-1201 | Fax | (972) 618-0260 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BOLANLE ABE | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 01/01/2015 | <u>Owner Information</u> |
| License # | 016677 | | | | | A.L.L. CARE HOME SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 401 E MAIN ST |
| Medicare 1: | | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 564-4357 | Fax | (903) 564-9090 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIMBERLY KUYKENDALL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------------|---------------|------------|--|
| County | GRAYSON | Region | 03 | Date Licensed | 02/15/2015 | <u>Owner Information</u> |
| License # | 016869 | | | | | 1ST TEXAS HOME HEALTH INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 147 |
| Medicare 1: | 458193 | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 564-9111 | Fax | (903) 564-9112 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DENA PEARSON | | | |
| County | GRAYSON | Region | 03 | Date Licensed | 08/24/1992 | <u>Owner Information</u> |
| License # | 002387 | | | | | PILOT POINT HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 401 EAST MAIN STREET |
| Medicare 1: | 677532 | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 564-7709 | Fax | (903) 564-7090 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHRIS GOEDECKE | | | |
| County | GREGG | Region | 04 | Date Licensed | 11/18/2017 | <u>Owner Information</u> |
| License # | 018375 | | | | | HERITAGE HOSPICE OF TEXARKANA LLC |
| Lic Expire | 10/31/2019 | | | | | 4605 TEXAS BLVD |
| Medicare 1: | | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 218-6870 | Fax | (903) 218-6874 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JEFF ESTES | | | |
| County | GREGG | Region | 04 | Date Licensed | 03/03/2008 | <u>Owner Information</u> |
| License # | 011963 | | | | | KINDSTAR INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 50805 |
| Medicare 1: | 679260 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 297-8200 | Fax | (903) 297-8201 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHANIE "ROBIN" KENDALL | | | |
| County | GREGG | Region | 04 | Date Licensed | 08/05/2008 | <u>Owner Information</u> |
| License # | 011963 | | | | | KINDSTAR INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 50805 |
| Medicare 1: | 67Q9260001 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 563-4336 | Fax | (972) 563-4356 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | STEPHANIE "ROBIN" KENDALL | | | |
| County | GREGG | Region | 04 | Date Licensed | 06/17/2013 | <u>Owner Information</u> |
| License # | 015639 | | | | | SPRINGFIELD & SPRINGFIELD INVESTMENTS LLC |
| Lic Expire | 06/30/2019 | | | | | 315 WILSON ST. |
| Medicare 1: | 45Q9266001 | | | | | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 759-2848 | Fax | (903) 759-2868 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MICHELLE L SPRINGFIELD | | | |
| County | GREGG | Region | 04 | Date Licensed | 11/04/2009 | <u>Owner Information</u> |
| License # | 012954 | | | | | EAST TEXAS CARETEAM INC |
| Lic Expire | 11/30/2019 | | | | | 4362 N US HWY 259 |
| Medicare 1: | | | | | | LONGVIEW, TX 75605 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 212-7716 | Fax | (903) 663-4831 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHELLE SOLIS | | | |
| County | GREGG | Region | 04 | Date Licensed | 06/15/2017 | <u>Owner Information</u> |
| License # | 017665 | | | | | COMPASSION SUPPORT LLC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 121356 |
| Medicare 1: | | | | | | FORT WORTH, TX 76121 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 985-0984 | Fax | (903) 471-0049 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | CHERI BELDIN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--|---------------|------------|--|
| County | GREGG | Region | 04 | Date Licensed | 05/04/2015 | Owner Information |
| License # | 016875 | | CHOICE HOMECARE | | | HERITAGE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | 1605 JUDSON ROAD SUITE C | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | 67Q7220001 | | LONGVIEW, TX 75601 | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (903) 561-7250 | Fax | (903) 561-7424 | | | Services: |
| Type: | Branch Agency | Administrator | AMBER TAFT | | | Licensed and Certified Home Health Services |
| County | GREGG | Region | 04 | Date Licensed | 05/04/2015 | Owner Information |
| License # | 016875 | | CHOICE HOMECARE | | | HERITAGE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | 1605 JUDSON ROAD SUITE C | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | 677220 | | LONGVIEW, TX 75601 | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (903) 561-7250 | Fax | (903) 561-7424 | | | Services: |
| Type: | Parent Agency | Administrator | AMBER TAFT | | | Licensed and Certified Home Health Services |
| County | GREGG | Region | 04 | Date Licensed | 10/06/2017 | Owner Information |
| License # | 018554 | | CHRISTUS GOOD SHEPHERD | | | GSHS HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | 103 W LOOP 281 UNIT 480 | | | PO BOX 51266 |
| Medicare 1: | 457691 | | LONGVIEW, TX 75605 | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (903) 315-5525 | Fax | (903) 315-2650 | | | Services: |
| Type: | Parent Agency | Administrator | PAIGE RICHARDSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | GREGG | Region | 04 | Date Licensed | 09/23/2004 | Owner Information |
| License # | 009322 | | COMFORT KEEPERS | | | CLINNARD LLC |
| Lic Expire | 09/30/2018 | | 1125 JUDSON RD STE 106 | | | 1125 JUDSON RD STE 106 |
| Medicare 1: | | | LONGVIEW, TX 75601 | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | |
| Phone | (903) 291-0111 | Fax | (903) 291-0139 | | | Services: |
| Type: | Parent Agency | Administrator | MATT CLINNARD | | | Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 01/11/2017 | Owner Information |
| License # | 016734 | | COMPASS HOSPICE OF EAST TEXAS LLC | | | SHORR HOSPICE HOLDINGS, LLC |
| Lic Expire | 10/31/2018 | | 421 NTH CENTER STREET | | | 421 N CENTER ST |
| Medicare 1: | | | LONGVIEW, TX 75601 | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | |
| Phone | (903) 533-8383 | Fax | (903) 533-8388 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | GLENDA STEGALL | | | Hospice |
| County | GREGG | Region | 04 | Date Licensed | 11/30/2000 | Owner Information |
| License # | 007572 | | DISABILITY SERVICES OF THE SOUTHWEST INC | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 11/30/2018 | | 911 NW LOOP 281 SUITE 120 | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | LONGVIEW, TX 75604 | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (903) 297-2817 | Fax | (877) 463-1310 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTALA EVANS | | | Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 08/01/2013 | Owner Information |
| License # | 015679 | | EDUCARE COMMUNITY LIVING CORPORATION TEXAS | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 07/31/2019 | | 1705 JUDSON ROAD SUITE 103 B | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | LONGVIEW, TX 75601 | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | |
| Phone | (903) 753-8063 | Fax | (903) 753-7861 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA KING | | | Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 08/20/2012 | Owner Information |
| License # | 015193 | | ELITE HOME HEALTH | | | VALERIEANNE AND FLOYD INC |
| Lic Expire | 08/31/2018 | | 905 N 4TH STREET | | | 905 NORTH 4TH STREET |
| Medicare 1: | 453182 | | LONGVIEW, TX 75601 | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | |
| Phone | (903) 212-3990 | Fax | (903) 212-3991 | | | Services: |
| Type: | Parent Agency | Administrator | TRACY ECHOLS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | GREGG | Region | 04 | Date Licensed | 10/08/2014 | Owner Information |
| License # | 016656 | | | | | N & L HOLDINGS LLC |
| Lic Expire | 10/31/2018 | | | | | 618 N HIGH ST STE 4 |
| Medicare 1: | | | | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 230-9447 | Fax | (903) 230-9448 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SCOTT LUNDGREN | | | |
| County | GREGG | Region | 04 | Date Licensed | 05/01/2017 | Owner Information |
| License # | 018427 | | | | | ENCOMPASS HOME HEALTH OF EAST TEXAS |
| Lic Expire | 04/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 457834 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 680-2220 | Fax | (903) 234-8623 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LISA DRISCOLL | | | |
| County | GREGG | Region | 04 | Date Licensed | 12/01/2006 | Owner Information |
| License # | 011277 | | | | | AHM ACTION HOME HEALTH LP |
| Lic Expire | 11/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 679079 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 238-9029 | Fax | (903) 238-9108 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JANET KELLY | | | |
| County | GREGG | Region | 04 | Date Licensed | 05/18/2009 | Owner Information |
| License # | 012602 | | | | | HEALTHCARE ASSOCIATES LLC |
| Lic Expire | 05/31/2019 | | | | | 3704 BEN HOGAN |
| Medicare 1: | 747723 | | | | | LONGVIEW, TX 75605 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 212-8080 | Fax | (903) 212-8082 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID HARBOUR | | | |
| County | GREGG | Region | 04 | Date Licensed | 06/21/2013 | Owner Information |
| License # | 015767 | | | | | HEART TO HEART HOSPICE OF EAST TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671591 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 663-3310 | Fax | (903) 663-3329 | | | Hospice |
| Type: | Parent Agency | Administrator | M DEON BEHRMAN | | | |
| County | GREGG | Region | 04 | Date Licensed | 04/16/1993 | Owner Information |
| License # | 002514 | | | | | HOSPICE LONGVIEW INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 5608 |
| Medicare 1: | 451579 | | | | | LONGVIEW, TX 75608 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 295-1680 | Fax | (903) 295-1690 | | | Hospice |
| Type: | Parent Agency | Administrator | POLLY MAINES | | | |
| County | GREGG | Region | 04 | Date Licensed | 09/18/2014 | Owner Information |
| License # | 014884 | | | | | A N D HOME HEALTHCARE LLC |
| Lic Expire | 06/30/2018 | | | | | 2000 N CENTRAL EXPRESSWAY STE 102 |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 467-1735 | Fax | (972) 548-7762 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ALTON E BLAKELY | | | |
| County | GREGG | Region | 04 | Date Licensed | 08/28/2015 | Owner Information |
| License # | 017291 | | | | | HIGHLAND PARK SENIOR CARE 3 INC |
| Lic Expire | 08/31/2019 | | | | | 911 PEGUES PLACE SUITE A |
| Medicare 1: | 459294 | | | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 753-1000 | Fax | (903) 753-1225 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | TERESA WINDHAM | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|---|
| County | GREGG | Region | 04 | Date Licensed | 09/30/2015 | Owner Information |
| License # | 002043 | | | | | HOSPICE OF EAST TEXAS |
| Lic Expire | 07/31/2018 | | | | | 4111 UNIVERSITY BLVD |
| Medicare 1: | | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 230-0606 | Fax | (903) 230-0606 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MARJORIE REAM | | | |
| County | GREGG | Region | 04 | Date Licensed | 02/19/2016 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 759-7500 | Fax | (903) 759-7507 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | |
| County | GREGG | Region | 04 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008273 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 45Q7507002 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 234-0104 | Fax | (903) 234-9101 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KAREN CROWELL | | | |
| County | GREGG | Region | 04 | Date Licensed | 06/26/2008 | Owner Information |
| License # | 012075 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 45Q7096004 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 938-6776 | Fax | (254) 236-7990 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | MARCIA LOWE | | | |
| County | GREGG | Region | 04 | Date Licensed | 03/17/1995 | Owner Information |
| License # | 003475 | | | | | LIFECARE HOME NURSING LLC |
| Lic Expire | 03/31/2018 | | | | | 1809 GILMER ROAD |
| Medicare 1: | 458393 | | | | | LONGVIEW, TX 75604 |
| Medicare 2: | 451708 | | | | | Services: |
| Phone | (903) 297-9300 | Fax | (903) 297-7020 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | DAVID WILCOX JR | | | |
| County | GREGG | Region | 04 | Date Licensed | 02/27/2013 | Owner Information |
| License # | 015394 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 02/28/2019 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KRISTALA EVANS | | | |
| County | GREGG | Region | 04 | Date Licensed | 07/16/2014 | Owner Information |
| License # | 016314 | | | | | ONESOURCE HOME CARE INC |
| Lic Expire | 07/31/2018 | | | | | 4002 TECHNOLOGY CENTER |
| Medicare 1: | 679138 | | | | | LONGVIEW, TX 75605 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 248-2530 | Fax | (903) 248-2538 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOHN D FORD | | | |
| County | GREGG | Region | 04 | Date Licensed | 04/14/1995 | Owner Information |
| License # | 003293 | | | | | PINE TREE HOME HEALTH CARE INC |
| Lic Expire | 04/30/2018 | | | | | 1125 JUDSON ROAD SUITE 193 |
| Medicare 1: | 458452 | | | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 236-8880 | Fax | (903) 236-8858 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SRINIVAS LANKA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | GREGG | Region | 04 | Date Licensed | 07/28/2009 | Owner Information |
| License # | 012849 | | | | | EAST TEXAS PHC LLC |
| Lic Expire | 07/31/2019 | | | | | 823 N 4TH STREET |
| Medicare 1: | 743174 | | | | | LONGVIEW, TX 75601 |
| Medicare 2: | | | | | | |
| Phone | (903) 753-2273 | Fax | (903) 753-2274 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA A HARDIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 06/08/2006 | Owner Information |
| License # | 010521 | | | | | TEXAS HOME HEALTH HOSPICE |
| Lic Expire | 06/30/2018 | | | | | 17855 N DALLAS PKWY STE 200 |
| Medicare 1: | 671545 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 234-0943 | Fax | (903) 238-9068 | | | Services: |
| Type: | Parent Agency | Administrator | TARA MORETZ | | | Hospice |
| County | GREGG | Region | 04 | Date Licensed | 07/27/2007 | Owner Information |
| License # | 010521 | | | | | TEXAS HOME HEALTH HOSPICE LP |
| Lic Expire | 06/30/2018 | | | | | 17855 N DALLAS PKWY STE 200 |
| Medicare 1: | 671545 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 234-0943 | Fax | (903) 238-9068 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | TARA MORETZ | | | Hospice |
| County | GREGG | Region | 04 | Date Licensed | 03/09/2001 | Owner Information |
| License # | 007586 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 758-6252 | Fax | (903) 686-9966 | | | Services: |
| Type: | Parent Agency | Administrator | CASSIE ADAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 05/31/2017 | Owner Information |
| License # | 018168 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 457173 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 758-6252 | Fax | (903) 686-9966 | | | Services: |
| Type: | Parent Agency | Administrator | CASSIE ADAMS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 05/31/2017 | Owner Information |
| License # | 018168 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 597-2086 | Fax | (903) 597-2109 | | | Services: |
| Type: | Branch Agency | Administrator | CASSIE ADAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 09/28/2001 | Owner Information |
| License # | 007741 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679090 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 758-0794 | Fax | (903) 232-1597 | | | Services: |
| Type: | Parent Agency | Administrator | JANET DALME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | GREGG | Region | 04 | Date Licensed | 06/15/2015 | Owner Information |
| License # | 016855 | | | | | THEN THERES CHEERFUL GIVERS HHA INC |
| Lic Expire | 06/30/2019 | | | | | 204 SIERRA VISTA |
| Medicare 1: | | | | | | LONGVIEW, TX 75605 |
| Medicare 2: | | | | | | |
| Phone | (903) 238-5981 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ESPERANCE NDIZEYE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|--|
| County | GREGG | Region | 04 | Date Licensed | 03/10/2017 | <u>Owner Information</u> |
| License # | 018013 | | | | | TRADITIONS HEALTH CARE OF LONGVIEW LLC |
| Lic Expire | 03/31/2019 | | | | | P.O. BOX 9980 |
| Medicare 1: | 678338 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 663-2331 | Fax | (903) 663-4831 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DENA BREWER | | | |
| County | GREGG | Region | 04 | Date Licensed | 03/10/2017 | <u>Owner Information</u> |
| License # | 017972 | | | | | TRADITIONS HOSPICE OF LONGVIEW LLC |
| Lic Expire | 03/31/2019 | | | | | P. O. BOX 9980 |
| Medicare 1: | 671689 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 663-2331 | Fax | (903) 663-4831 | | | Hospice |
| Type: | Parent Agency | Administrator | DENA BREWER | | | |
| County | GREGG | Region | 04 | Date Licensed | 01/08/2013 | <u>Owner Information</u> |
| License # | 014739 | | | | | SJ HOMECARE INC |
| Lic Expire | 02/29/2020 | | | | | 419 W HOUSTON ST |
| Medicare 1: | | | | | | TYLER, TX 75702 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 215-8183 | Fax | (903) 215-8184 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER BROWN | | | |
| County | GREGG | Region | 04 | Date Licensed | 02/13/2017 | <u>Owner Information</u> |
| License # | 017917 | | | | | ROYAL CARING HANDS LLC |
| Lic Expire | 02/28/2019 | | | | | P O BOX 6675 |
| Medicare 1: | | | | | | LONGVIEW, TX 75608 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 212-3605 | Fax | (903) 212-3621 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMEKA ROYAL | | | |
| County | GRIMES | Region | 07 | Date Licensed | 06/19/2014 | <u>Owner Information</u> |
| License # | 016269 | | | | | DMD HOME & COMPANION CARE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 1017 S LA SALLE STREET |
| Medicare 1: | | | | | | NAVASOTA, TX 77868 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 574-6444 | Fax | (713) 574-8549 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | YATA STEWART | | | |
| County | GUADALUPE | Region | 08 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | ASSET HOME CARE LLC |
| Lic Expire | | | | | | 153 HINGE CHASE |
| Medicare 1: | | | | | | CIBOLO, TX 78108 |
| Medicare 2: | | | | | | Services: |
| Phone | (540) 905-3186 | Fax | (540) 905-3186 | | | |
| Type: | Parent Agency | Administrator | ALICE NANCY TCHEUKADO | | | |
| County | GUADALUPE | Region | 08 | Date Licensed | 06/28/2017 | <u>Owner Information</u> |
| License # | 018136 | | | | | CLJ HOME HEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | | | | 10336 SHADOWY DUSK |
| Medicare 1: | | | | | | SCHERTZ, TX 78154 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 310-9733 | Fax | (210) 973-6188 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TERESA GUTIERREZ | | | |
| County | GUADALUPE | Region | 08 | Date Licensed | 11/06/2017 | <u>Owner Information</u> |
| License # | 018542 | | | | | ADVANCED HH, LLC |
| Lic Expire | 11/30/2019 | | | | | 1064 E IRELAND ST |
| Medicare 1: | 677247 | | | | | SEGUIN, TX 78155 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 379-6171 | Fax | (830) 379-6388 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHAEL THIEL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------|---------------|------------|--|
| County | GUADALUPE | Region | 08 | Date Licensed | 06/01/1990 | <u>Owner Information</u> |
| License # | 002138 | | | | | GUADALUPE REGIONAL HOSPICE |
| Lic Expire | 05/31/2019 | | | | | 1215 EAST COURT |
| Medicare 1: | 451541 | | | | | SEGUIN, TX 78155 |
| Medicare 2: | | | | | | |
| Phone | (830) 401-7561 | Fax | (830) 379-4441 | | | Services: |
| Type: | Parent Agency | Administrator | TAVIE ERWIN | | | Hospice |
| County | GUADALUPE | Region | 08 | Date Licensed | 09/01/2012 | <u>Owner Information</u> |
| License # | 015189 | | | | | SOUTHERN ASSURED HOME HEALTH LLC |
| Lic Expire | 08/31/2018 | | | | | P.O. BOX 822 |
| Medicare 1: | 679667 | | | | | YORKTOWN, TX 78164 |
| Medicare 2: | | | | | | |
| Phone | (210) 257-5765 | Fax | (210) 257-0419 | | | Services: |
| Type: | Parent Agency | Administrator | BARRY M WATSON | | | Licensed and Certified Home Health Services |
| County | HALE | Region | 01 | Date Licensed | 01/01/2005 | <u>Owner Information</u> |
| License # | 009509 | | | | | CALVERT HOME HEALTH CARE LTD |
| Lic Expire | 12/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7109001 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 667-1500 | Fax | (806) 667-9401 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HALE | Region | 01 | Date Licensed | 05/23/2006 | <u>Owner Information</u> |
| License # | 009402 | | | | | KINDSTAR INC |
| Lic Expire | 11/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9485005 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (806) 293-2990 | Fax | (806) 293-2944 | | | Services: |
| Type: | Branch Agency | Administrator | DONEISE SCOTT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HALE | Region | 01 | Date Licensed | 06/29/2004 | <u>Owner Information</u> |
| License # | 009166 | | | | | AREA COMMUNITY HOSPICE INC |
| Lic Expire | 06/30/2019 | | | | | 4300 OLTON ROAD |
| Medicare 1: | 451773 | | | | | PLAINVIEW, TX 79072 |
| Medicare 2: | | | | | | |
| Phone | (806) 293-2732 | Fax | (806) 293-2755 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY KERNELL | | | Hospice |
| County | HALE | Region | 01 | Date Licensed | 11/01/2001 | <u>Owner Information</u> |
| License # | 007778 | | | | | AREA HOME CARE INC |
| Lic Expire | 10/31/2018 | | | | | 201 W 4TH |
| Medicare 1: | 679100 | | | | | PLAINVIEW, TX 79072 |
| Medicare 2: | | | | | | |
| Phone | (806) 296-2323 | Fax | (806) 296-2288 | | | Services: |
| Type: | Parent Agency | Administrator | BECKY J STEFFENS | | | Licensed and Certified Home Health Services |
| County | HALE | Region | 01 | Date Licensed | 10/04/2008 | <u>Owner Information</u> |
| License # | 012272 | | | | | CORDOVA BAY LTD |
| Lic Expire | 10/31/2018 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 457514 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 296-2767 | Fax | (806) 296-0686 | | | Services: |
| Type: | Parent Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HALE | Region | 01 | Date Licensed | 07/27/2004 | <u>Owner Information</u> |
| License # | 007781 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 67Q7566004 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 288-0220 | Fax | (806) 288-0224 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRI LASEMEN | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | HALE | Region | 01 | Date Licensed | 10/01/2004 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 288-0220 | Fax | (806) 288-0224 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PAM FARMER | | | |
| County | HALE | Region | 01 | Date Licensed | 01/14/2008 | Owner Information |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | 671561 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 288-9482 | Fax | (806) 288-9528 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | |
| County | HAMILTON | Region | 07 | Date Licensed | 04/29/1991 | Owner Information |
| License # | 002197 | | | | | LEE HEALTHCARE INC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 766 |
| Medicare 1: | 677412 | | | | | HAMILTON, TX 76531 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 386-8971 | Fax | (254) 386-5040 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAMELA PARSONS | | | |
| County | HAMILTON | Region | 07 | Date Licensed | 05/22/2013 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |
| County | HANSFORD | Region | 01 | Date Licensed | 04/30/1991 | Owner Information |
| License # | 002212 | | | | | HANSFORD COUNTY HOSPITAL DISTRICT |
| Lic Expire | 04/30/2019 | | | | | 712 SOUTH ROLAND |
| Medicare 1: | 677416 | | | | | SPEARMAN, TX 79081 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 659-5811 | Fax | (806) 659-5879 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BLYTHE BOYD | | | |
| County | HANSFORD | Region | 01 | Date Licensed | 04/30/1991 | Owner Information |
| License # | 002215 | | | | | HANSFORD COUNTY HOSPITAL DISTRICT |
| Lic Expire | 04/30/2018 | | | | | 712 SOUTH ROLAND |
| Medicare 1: | 451550 | | | | | SPEARMAN, TX 79081 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 659-5811 | Fax | (806) 659-5879 | | | Hospice |
| Type: | Parent Agency | Administrator | BLYTHE BOYD | | | |
| County | HANSFORD | Region | 01 | Date Licensed | 07/01/2015 | Owner Information |
| License # | 017106 | | | | | PANHANDLE HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 64 |
| Medicare 1: | 677919 | | | | | SPEARMAN, TX 79081 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 659-3110 | Fax | (806) 644-1112 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TWYLA J SWAN | | | |
| County | HARDIN | Region | 05 | Date Licensed | 05/25/2004 | Owner Information |
| License # | 009110 | | | | | MDS CHOICE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 1460 NORTH 5TH STREET |
| Medicare 1: | 673196 | | | | | SILSBEE, TX 77656 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 386-2273 | Fax | (409) 386-2459 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GINGER JONES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARDIN | Region | 05 | Date Licensed | 09/08/2010 | Owner Information |
| License # | 013558 | | | | | SENIOR PREFERRED HOMECARE LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 283 |
| Medicare 1: | 747636 | | | | | SOUR LAKE, TX 77659 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 347-2500 | Fax | (409) 287-2565 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DIANA WILKINS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2006 | Owner Information |
| License # | 008310 | | | | | A-QUALITY CLINICAL STAFFINGS INC |
| Lic Expire | 01/31/2019 | | | | | 5313 BISSONNET ST. |
| Medicare 1: | 67Q9329001 | | | | | BELLAIRE, TX 77401 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 837-7976 | Fax | (281) 837-7564 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MERRIDINE MAO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/2003 | Owner Information |
| License # | 008437 | | | | | ANGELS ABOVE US INC |
| Lic Expire | 01/31/2020 | | | | | 2345 NORTH MAIN STREET |
| Medicare 1: | 67Q9125001 | | | | | LIBERTY, TX 77575 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 427-3510 | Fax | (281) 427-4140 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | SHERRY MICHELLE LITTLE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/02/2018 | Owner Information |
| License # | 018589 | | | | | ASCEND HOSPICE CARE INC |
| Lic Expire | 02/29/2020 | | | | | 7714-A HWY 146 STE D |
| Medicare 1: | | | | | | BAYTOWN, TX 77523 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 573-7000 | Fax | (281) 573-3043 | | | Hospice |
| Type: | Parent Agency | Administrator | MELINDA BASS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/14/2011 | Owner Information |
| License # | 014078 | | | | | BEK HEALTH SERVICES, LLC |
| Lic Expire | 04/30/2019 | | | | | P.O. BOX 262 |
| Medicare 1: | 679010 | | | | | HARDIN, TX 77561 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 573-7000 | Fax | (888) 522-3080 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KLINT BUSH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/09/2006 | Owner Information |
| License # | 010864 | | | | | EMTOB EDUCATIONAL & CARE SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 1407 LACY DRIVE |
| Medicare 1: | | | | | | BAYTOWN, TX 77520 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 298-5210 | Fax | (281) 422-3716 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FUNMILAYO OTUTULORO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2008 | Owner Information |
| License # | 012241 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 08/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q3134002 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 422-8530 | Fax | (281) 422-8539 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | AMBER RIEDER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2004 | Owner Information |
| License # | 009465 | | | | | FAITH COMMUNITY HOSPICE LLC |
| Lic Expire | 12/31/2019 | | | | | 4721 GARTH RD SUITE H |
| Medicare 1: | 451787 | | | | | BAYTOWN, TX 77521 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 422-0414 | Fax | (281) 422-9605 | | | Hospice |
| Type: | Parent Agency | Administrator | CYNTHIA D PATTERSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/05/2009 | Owner Information |
| License # | 012378 | | | | | HARBOR HOSPICE OF BAYTOWN, LP |
| Lic Expire | 01/31/2019 | | | | | 3406 COLLEGE ST SUITE 200 |
| Medicare 1: | 671645 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (281) 427-3800 | Fax | (281) 427-3855 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA JOHNSTONBAUGH | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/13/2006 | Owner Information |
| License # | 004688 | | | | | IPR HEALTHCARE SYSTEM INC |
| Lic Expire | 01/31/2019 | | | | | 8830 INTERCHANGE DRIVE |
| Medicare 1: | 45Q8306001 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (281) 420-2200 | Fax | (281) 420-2257 | | | Services: |
| Type: | Branch Agency | Administrator | PABLITO CALUSCOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/14/2011 | Owner Information |
| License # | 014037 | | | | | LIFE SOURCE HOME HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 3302 GARTH RD |
| Medicare 1: | 747752 | | | | | BAYTOWN, TX 77521 |
| Medicare 2: | | | | | | |
| Phone | (281) 420-3977 | Fax | (281) 420-1112 | | | Services: |
| Type: | Parent Agency | Administrator | ROWENA MARTIR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/09/2003 | Owner Information |
| License # | 008280 | | | | | SEV HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 4000 GARTH RD SUITE 130 |
| Medicare 1: | 679272 | | | | | BAYTOWN, TX 77521 |
| Medicare 2: | | | | | | |
| Phone | (281) 420-1427 | Fax | (281) 420-4513 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH VALLAGOMESA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/08/1996 | Owner Information |
| License # | 004433 | | | | | IMMANUEL HOME HEALTH CARE INC |
| Lic Expire | 04/30/2018 | | | | | 606 ROLLINGBROOK SUITE 2F |
| Medicare 1: | 678499 | | | | | BAYTOWN, TX 77521 |
| Medicare 2: | | | | | | |
| Phone | (281) 837-1321 | Fax | (866) 379-1971 | | | Services: |
| Type: | Parent Agency | Administrator | KARIE RAYLENE SPELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/27/2012 | Owner Information |
| License # | 015281 | | | | | SHS-SIGNATURE SELECT SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 606 ROLLINGBROOK STREET SUITE 2G |
| Medicare 1: | | | | | | BAYTOWN, TX 77521 |
| Medicare 2: | | | | | | |
| Phone | (832) 695-2328 | Fax | (866) 379-1971 | | | Services: |
| Type: | Parent Agency | Administrator | ELDA PEDRAZA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/1996 | Owner Information |
| License # | 004728 | | | | | TENDER HOME HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 5523 WEST ROAD |
| Medicare 1: | 459088 | | | | | BAYTOWN, TX 77522 |
| Medicare 2: | | | | | | |
| Phone | (281) 428-2807 | Fax | (281) 421-1009 | | | Services: |
| Type: | Parent Agency | Administrator | KATHY CLARK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/22/2014 | Owner Information |
| License # | 016328 | | | | | CJ HOMECARE, INC. |
| Lic Expire | 07/31/2018 | | | | | 510 2ND ST |
| Medicare 1: | | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | |
| Phone | (832) 514-6539 | Fax | (281) 628-2375 | | | Services: |
| Type: | Parent Agency | Administrator | DUSTIN WOLFE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2008 | Owner Information UNIVERSAL TOUCH HEALTHCARE LLC 5313 BISSONNET STREET BELLAIRE, TX 77401 |
| License # | 012004 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | 677966 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 665-8859 | Fax | (713) 665-6176 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERRIDINE MAO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/2003 | Owner Information A-QUALITY CLINICAL STAFFINGS INC 5313 BISSONNET ST. BELLAIRE, TX 77401 |
| License # | 008310 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 679329 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 665-8200 | Fax | (713) 665-6176 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MERRIDINE MAO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2011 | Owner Information CAMILLIANS HOME HEALTH SERVICES LLC 5909 WEST LOOP SOUTH SUITE #500 BELLAIRE, TX 77401 |
| License # | 014529 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | 747820 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 649-6092 | Fax | (800) 658-0781 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAGDALENA TOLLES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/13/2017 | Owner Information GENTLE EMBRACE HOME HEALTH SERVICES LLC 7600 KIRBY DR #464 HOUSTON, TX 77030 |
| License # | 018160 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 986-5002 | Fax | (844) 879-5144 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ERIKA CASTELLANOS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/03/2013 | Owner Information A CARE HOME HEALTH SERVICES OF EAST HOUSTON, INC. 5315 BISSONNET STREET, SUITE A BELLAIRE, TX 77401 |
| License # | 015412 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 671682 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 665-8200 | Fax | (713) 665-6176 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | MERRIDINE V. MAO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/30/2007 | Owner Information GIRLING HEALTH CARE INC 12900 FOSTER, SUITE#400 OVERLAND PARK, KS 66213 |
| License # | 011753 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 780-1248 | Fax | (713) 782-9441 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BETTY BETHEA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/24/2008 | Owner Information HEALTH PRIORITY HOME CARE INC 13737 NOEL ROAD SUITE 1400 DALLAS, TX 75340 |
| License # | 012038 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 678166 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 481-2974 | Fax | (281) 481-2978 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ERICA WRIGHT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/31/2012 | Owner Information HERITAGE HEALTH AND HOSPICE CARE LLC 655 BRAWLEY SCHOOL ROAD, SUITE 200 MOORESVILLE, NC 28117 |
| License # | 015346 | | | | | |
| Lic Expire | 08/31/2018 | | | | | |
| Medicare 1: | 671626 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 665-5065 | Fax | (713) 592-9943 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | JOSEPH HANCOCK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011738 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 457222 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (713) 781-6691 | Fax | (713) 839-0966 | | | Services: |
| Type: | Parent Agency | Administrator | ARLENE COFFMAN | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2001 | Owner Information |
| License # | 007698 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451647 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (281) 568-5548 | Fax | (713) 669-1104 | | | Services: |
| Type: | Parent Agency | Administrator | KELLIE CURRY | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2015 | Owner Information |
| License # | 016981 | | | | | TCG CLINIC LLC |
| Lic Expire | 12/31/2018 | | | | | 9220 KIRBY DRIVE SUITE 900 |
| Medicare 1: | 677209 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 500-0000 | Fax | (713) 500-0050 | | | Services: |
| Type: | Parent Agency | Administrator | THERESA BOHANNON GERKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/27/2016 | Owner Information |
| License # | 017428 | | | | | METRO SE HC, LLC |
| Lic Expire | 05/31/2018 | | | | | 1500 WATERS RIDGE DR. SUITE #200 |
| Medicare 1: | 673139 | | | | | LEWISVILLE, TX 75057 |
| Medicare 2: | | | | | | |
| Phone | (281) 557-0102 | Fax | (281) 557-0906 | | | Services: |
| Type: | Parent Agency | Administrator | TAMMY HAMILTON | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/03/2013 | Owner Information |
| License # | 015463 | | | | | T LEE ENTERPRISES LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 841754 |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (713) 838-0100 | Fax | (713) 492-2002 | | | Services: |
| Type: | Parent Agency | Administrator | TERRI L ROGERS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/11/2017 | Owner Information |
| License # | 017993 | | | | | CALLAWAY CARE, LLC |
| Lic Expire | 04/30/2019 | | | | | 5410 BELLAIRE BLVD, SUITE 209 |
| Medicare 1: | | | | | | BELLAIRE, TX 77401 |
| Medicare 2: | | | | | | |
| Phone | (713) 999-9093 | Fax | (832) 203-1457 | | | Services: |
| Type: | Parent Agency | Administrator | AMBER HOWARD | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/2016 | Owner Information |
| License # | 017774 | | | | | OMNIX HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 810 |
| Medicare 1: | 741677 | | | | | CROSBY, TX 77532 |
| Medicare 2: | | | | | | |
| Phone | (281) 328-5869 | Fax | (281) 328-5950 | | | Services: |
| Type: | Parent Agency | Administrator | TABATHA BRADY | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/14/2009 | Owner Information |
| License # | 012688 | | | | | OMNIX HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 810 |
| Medicare 1: | 743167 | | | | | CROSBY, TX 77532 |
| Medicare 2: | | | | | | |
| Phone | (281) 328-5869 | Fax | (281) 328-5950 | | | Services: |
| Type: | Parent Agency | Administrator | TABATHA BRADY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/20/2013 | Owner Information |
| License # | 015526 | | | | | DPM ALLIANCE HOSPICE AGENCY, LLC |
| Lic Expire | 02/28/2019 | | | | | 8901 E F LOWRY EXPWY, SUITE A |
| Medicare 1: | 671579 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | | | | | | |
| Phone | (713) 522-0160 | Fax | (713) 524-3693 | | | Services: |
| Type: | Parent Agency | Administrator | TIFFANY E LINDSEY | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/02/2012 | Owner Information |
| License # | 014972 | | | | | AC COMPETENT PROVIDERS, INC. |
| Lic Expire | 08/31/2018 | | | | | 17021 STEINHAGEN ROAD |
| Medicare 1: | | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (281) 516-1701 | Fax | (281) 516-2622 | | | Services: |
| Type: | Parent Agency | Administrator | CLEOPATRA MURADZIKWA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/13/2017 | Owner Information |
| License # | 018316 | | | | | FIDUS ACHATES, INC. |
| Lic Expire | 09/30/2019 | | | | | 26607 RIDGESTONE PARK LANE |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (832) 529-4972 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MARK E BROWN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/04/2017 | Owner Information |
| License # | 018230 | | | | | ALICE ANGELS HEALTHCARE PSC |
| Lic Expire | 08/31/2019 | | | | | 20718 DICKINSON MANOR LN |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (832) 897-7814 | Fax | (281) 213-4691 | | | Services: |
| Type: | Parent Agency | Administrator | NICOLE HORTON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/23/2003 | Owner Information |
| License # | 008825 | | | | | ALTIMA HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2017 | | | | | 11115 MILLS RD #108 |
| Medicare 1: | 453110 | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (281) 897-0404 | Fax | (281) 897-0406 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADETTE C DALE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | | Owner Information |
| License # | | | | | | ANGLE HOMECARE CORPORATION |
| Lic Expire | | | | | | 8215 ALMERA FALLS DR |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (832) 287-1777 | Fax | (832) 634-4905 | | | Services: |
| Type: | Parent Agency | Administrator | LYNN PHUONG VO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/31/2018 | Owner Information |
| License # | 018586 | | | | | BEST CARE FOR YOU HOME HEALTH LLC |
| Lic Expire | 01/31/2020 | | | | | 16635 SPRING CYPRESS RD #2784 |
| Medicare 1: | | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (281) 746-7732 | Fax | (844) 502-6008 | | | Services: |
| Type: | Parent Agency | Administrator | LUCY ALVARADO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/12/2018 | Owner Information |
| License # | 018561 | | | | | CARE-KTER LLC |
| Lic Expire | 01/31/2020 | | | | | 17815 PECAN BAYOU LN |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (832) 641-1728 | Fax | (832) 848-1223 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA ROUBAN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/17/2010 | <u>Owner Information</u> |
| License # | 013394 | | | | | COLEMAN HEALTHCARE INC |
| Lic Expire | 06/30/2018 | | | | | 12311 S RAVEN SHORE CT |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (281) 916-1900 | Fax | (281) 978-2102 | | | Services: |
| Type: | Parent Agency | Administrator | INNOCENT NNANNA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017717 | | | | | CYFAIR HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 11119 MCCracken Circle Suite D |
| Medicare 1: | 677926 | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (281) 890-0338 | Fax | (832) 518-5258 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES A RIDGWAY | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/24/2017 | <u>Owner Information</u> |
| License # | 018277 | | | | | F PLANET HEALTHCARE, LLC |
| Lic Expire | 08/31/2019 | | | | | 21318 MYSTIC OAK DR. |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (646) 515-8935 | Fax | (646) 515-8935 | | | Services: |
| Type: | Parent Agency | Administrator | OLUWADARE FADURI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/25/2017 | <u>Owner Information</u> |
| License # | 018201 | | | | | EES CARE INC |
| Lic Expire | 07/31/2019 | | | | | 12002 SUNSET HAVEN DRIVE |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (346) 770-4476 | Fax | (346) 331-4202 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA SPISER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/08/2015 | <u>Owner Information</u> |
| License # | 017018 | | | | | HELPING HANDS PERSONAL CARE SERVICES, LLC |
| Lic Expire | 09/30/2017 | | | | | 18530 BURGUNDY SKY WAY |
| Medicare 1: | | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (414) 419-4718 | Fax | (832) 383-3370 | | | Services: |
| Type: | Parent Agency | Administrator | KEYIA HOLMES | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/03/2005 | <u>Owner Information</u> |
| License # | 010111 | | | | | HOUSTON HOME DIALYSIS, LP |
| Lic Expire | 11/30/2019 | | | | | 11463 REGENCY GREEN DRIVE |
| Medicare 1: | | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (713) 690-2200 | Fax | (713) 690-2204 | | | Services: |
| Type: | Parent Agency | Administrator | AKIHIRO 'JAY' MOCHIZUKI | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/1994 | <u>Owner Information</u> |
| License # | 003393 | | | | | J & S HEALTH CARE NETWORK INC |
| Lic Expire | 10/31/2019 | | | | | 12732 MCSWAIN RD |
| Medicare 1: | 458380 | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-8049 | Fax | (713) 783-6941 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA FLORES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/15/2017 | <u>Owner Information</u> |
| License # | 018431 | | | | | SELECT CARE HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | 11803 GRANT ROAD SUITE 203 |
| Medicare 1: | 679170 | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (281) 370-3500 | Fax | (281) 370-3567 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH DEGUZMAN, RN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/12/2016 | <u>Owner Information</u> |
| License # | 017779 | | | | | SR DREAM HEALTHCARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 19715 STANTON LAKE DR., SUITE B |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (832) 952-0065 | Fax | (281) 858-0092 | | | Services: |
| Type: | Parent Agency | Administrator | JALICIA LATSON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/16/2011 | <u>Owner Information</u> |
| License # | 014101 | | | | | YOU'RE FIRST LLC |
| Lic Expire | 05/31/2019 | | | | | 18319 CYPRESS STONE LN |
| Medicare 1: | | | | | | CYPRESS, TX 77429 |
| Medicare 2: | | | | | | |
| Phone | (281) 382-2754 | Fax | (281) 304-8081 | | | Services: |
| Type: | Parent Agency | Administrator | HERMAN MCCLURE JR | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/04/2014 | <u>Owner Information</u> |
| License # | 016408 | | | | | ACUTE RENAL CARE INC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 24474 |
| Medicare 1: | | | | | | HOUSTON, TX 77229 |
| Medicare 2: | | | | | | |
| Phone | (281) 426-4300 | Fax | (281) 426-2900 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA SCOTT | | | Licensed Home Health Services with Dialysis, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/24/2014 | <u>Owner Information</u> |
| License # | 016337 | | | | | PURE LIFE LLC |
| Lic Expire | 07/31/2018 | | | | | 1705 19TH STREET STE A |
| Medicare 1: | | | | | | HONDO, TX 78861 |
| Medicare 2: | | | | | | |
| Phone | (830) 426-2786 | Fax | (830) 426-4786 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA ESPARZA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/28/2015 | <u>Owner Information</u> |
| License # | 016773 | | | | | E & W ASSOCIATES LLC |
| Lic Expire | 04/30/2019 | | | | | 13300 IRIS VIEW LN |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (832) 370-1143 | Fax | (832) 328-9362 | | | Services: |
| Type: | Parent Agency | Administrator | IRMA WILSON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/2015 | <u>Owner Information</u> |
| License # | 016793 | | | | | 1 STOP HEALTH CARE SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 1200 RICHMOND AVE., SUITE 208 |
| Medicare 1: | 679422 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (713) 554-0806 | Fax | (713) 926-3608 | | | Services: |
| Type: | Parent Agency | Administrator | ERNA ROCKWELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/03/2008 | <u>Owner Information</u> |
| License # | 012253 | | | | | 1ST ACCURATE HOME HEALTHCARE CORPORATION |
| Lic Expire | 10/31/2018 | | | | | 8650 KEMPWOOD DRIVE |
| Medicare 1: | 747123 | | | | | HOUSTON, TX 77080 |
| Medicare 2: | | | | | | |
| Phone | (713) 681-3500 | Fax | (713) 956-1957 | | | Services: |
| Type: | Parent Agency | Administrator | MERILYN X OLIVEROS | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/01/2010 | <u>Owner Information</u> |
| License # | 013280 | | | | | 1ST AMERICAN CHOICE HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | 8700 COMMERCE PARK DRIVE |
| Medicare 1: | 747670 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 831-3274 | Fax | (832) 831-3375 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL PREVOST | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 01/11/2017 | Owner Information |
| License # | 017851 | | | | | J&L GLOBAL HEALTH SOURCE INC |
| Lic Expire | 01/31/2019 | | | | | 8700 COMMERCE PARK DR SUITE #228B |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 235-4103 | Fax | (713) 988-6247 | | | Services: |
| Type: | Parent Agency | Administrator | JOACHIM ANIGBOGU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/08/2006 | Owner Information |
| License # | 010435 | | | | | 1ST CHOICE HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 9950 WESTPARK DR # 225 |
| Medicare 1: | 679612 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 772-8100 | Fax | (713) 772-8102 | | | Services: |
| Type: | Parent Agency | Administrator | BEZALEEL TALIB | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/25/2005 | Owner Information |
| License # | 009547 | | | | | GENESIS HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 8303 SUITE A WINDFERN RD |
| Medicare 1: | 677890 | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | |
| Phone | (713) 937-7494 | Fax | (713) 937-1985 | | | Services: |
| Type: | Parent Agency | Administrator | MERLITA VELASQUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2016 | Owner Information |
| License # | 017747 | | | | | A - ASSURE HOSPICE, INC. |
| Lic Expire | 11/30/2018 | | | | | 10518 KIPP WAY DR STE A 1 |
| Medicare 1: | 741696 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 564-4440 | Fax | (281) 564-4455 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN P SANTOS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 07/12/1995 | Owner Information |
| License # | 003568 | | | | | A & A HOME HEALTH SERVICES, INC. |
| Lic Expire | 07/31/2019 | | | | | 1240 BLALOCK RD STE 210 |
| Medicare 1: | 678144 | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-8803 | Fax | (713) 783-8809 | | | Services: |
| Type: | Parent Agency | Administrator | MARIE LIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2005 | Owner Information |
| License # | 010097 | | | | | A & R HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 6420 RICHMOND AVE STE 575 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (713) 977-2747 | Fax | (713) 977-2746 | | | Services: |
| Type: | Parent Agency | Administrator | ANITA MURDOCK | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/01/2008 | Owner Information |
| License # | 012085 | | | | | A & T MULTI-HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 7100 REGENCY SQUARE BLVD., SUITE #240 |
| Medicare 1: | 679633 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 723-0425 | Fax | (713) 728-9224 | | | Services: |
| Type: | Parent Agency | Administrator | TIMAH FOMUNYOH | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/24/2007 | Owner Information |
| License # | 011356 | | | | | DIVERSIFIED HEALTH SOLUTIONS LLC |
| Lic Expire | 05/31/2019 | | | | | 6250 WESTPARK DRIVE SUITE #211 |
| Medicare 1: | 679731 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (713) 401-9423 | Fax | (888) 496-3190 | | | Services: |
| Type: | Parent Agency | Administrator | TRINA VIVILLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Licensed Home Health Services with Dialysis, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/07/2015 | <u>Owner Information</u> |
| License # | 017070 | | | | | A BETTER HOSPICE |
| Lic Expire | 10/31/2019 | | | | | 6250 WESTPARK DRIVE SUITE 114 |
| Medicare 1: | 741647 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (713) 239-0690 | Fax | (713) 239-0866 | | | Services: |
| Type: | Parent Agency | Administrator | TRINA VIVILLE | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/02/2011 | <u>Owner Information</u> |
| License # | 014508 | | | | | A BETTER WAY HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2017 | | | | | 11355 RICHMOND AVENUE #1719 |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (713) 714-4990 | Fax | (713) 714-4790 | | | Services: |
| Type: | Parent Agency | Administrator | SHARON TORAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/11/2004 | <u>Owner Information</u> |
| License # | 009242 | | | | | A C HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 10103 FONDREN ROAD SUITE 200 |
| Medicare 1: | 679451 | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-8570 | Fax | (713) 772-8670 | | | Services: |
| Type: | Parent Agency | Administrator | MARY JANE DURUJI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2016 | <u>Owner Information</u> |
| License # | 017941 | | | | | A P HEALTH AND PALLIATIVE CARE INC |
| Lic Expire | 12/31/2018 | | | | | 6250 WESTPARK DR SUITE 250 |
| Medicare 1: | 741672 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (866) 566-5829 | Fax | (866) 566-5829 | | | Services: |
| Type: | Parent Agency | Administrator | JESTINA BANGURA | | | Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/20/2006 | <u>Owner Information</u> |
| License # | 010553 | | | | | A P HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 6525-A WEST SAM HOUSTON PARKWAY NORTH |
| Medicare 1: | 679663 | | | | | HOUSTON, TX 77041 |
| Medicare 2: | | | | | | |
| Phone | (713) 856-7500 | Fax | (713) 856-7501 | | | Services: |
| Type: | Parent Agency | Administrator | ABHAMAN PARMAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/08/2017 | <u>Owner Information</u> |
| License # | 017912 | | | | | THE PILLAR OF CARING HEARTS |
| Lic Expire | 02/28/2019 | | | | | 14207 STATE HIGHWAY 249 SUITE A-1 |
| Medicare 1: | | | | | | HOUSTON, TX 77086 |
| Medicare 2: | | | | | | |
| Phone | (281) 755-7810 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MARY DEARMAN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/05/2011 | <u>Owner Information</u> |
| License # | 014265 | | | | | JGS HEALTHCARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 9894 BISSONNET STREET SUITE 908 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 434-9810 | Fax | (281) 491-5713 | | | Services: |
| Type: | Parent Agency | Administrator | JOANN SERAFIN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/21/2014 | Owner Information |
| License # | 015990 | | | | | UPLIFT DEVELOPMENT CORP |
| Lic Expire | 01/31/2018 | | | | | P.O. BOX 8241 |
| Medicare 1: | | | | | | HOUSTON, TX 77288 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 868-7219 | Fax | (713) 526-9090 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RODNEY E UNDERWOOD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/09/2012 | Owner Information |
| License # | 015123 | | | | | A&D HOME HEALTHCARE SERVICES, LLC |
| Lic Expire | 10/31/2018 | | | | | 14601 BELLAIRE BLVD., SUITE #55 |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 879-5791 | Fax | (281) 879-5940 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NEYLA WATERMAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2011 | Owner Information |
| License # | 014227 | | | | | BAR-SAR INC |
| Lic Expire | 06/30/2019 | | | | | 10661 ROCKLEY ROAD STE A |
| Medicare 1: | 679532 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 575-1650 | Fax | (281) 575-1733 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELISSA F MEJIA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/18/2012 | Owner Information |
| License # | 015315 | | | | | A*MED HEALTH, INC. |
| Lic Expire | 10/31/2018 | | | | | 8901 E F LOWRY EXPRESSWAY, SUITE # A |
| Medicare 1: | 451624 | | | | | TEXAS CITY, TX 77591 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 975-0690 | Fax | (713) 787-0951 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JOE HINOJOSA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/25/2015 | Owner Information |
| License # | 017054 | | | | | A PLUS ANGELS LLC |
| Lic Expire | 09/30/2019 | | | | | 3707 FM 1960 W SUITE 200 G |
| Medicare 1: | | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 405-2511 | Fax | (832) 384-7029 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TIFFANY POCHE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2005 | Owner Information |
| License # | 010142 | | | | | A PLUS MEDICS SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 3506 SHADOWVISTA CT |
| Medicare 1: | 679643 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 497-8100 | Fax | (281) 497-8188 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NGOZI MBOGU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/20/2017 | Owner Information |
| License # | 018522 | | | | | A-1 ATTENDANT CARE SERVICES, INC. |
| Lic Expire | 12/31/2019 | | | | | P.O. BOX 1405 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77487 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 782-1172 | Fax | (713) 782-1182 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN CARTER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/14/2013 | Owner Information |
| License # | 015538 | | | | | AABA HEALTHCARE SERVICES, INC. |
| Lic Expire | 05/31/2019 | | | | | 8310 INDIGO VILLA LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 633-2271 | Fax | (281) 491-6239 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JANE C AMADI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/05/2009 | Owner Information |
| License # | 012488 | | | | | AADVANTAGE HEALTH & HOSPICE CARE SYSTEMS INC |
| Lic Expire | 03/31/2019 | | | | | 10715 VALLEY HILLS DRIVE STE 101 |
| Medicare 1: | 671644 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 780-0150 | Fax | (713) 772-0146 | | | Services: |
| Type: | Parent Agency | Administrator | SABINA UZOWULU | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 11/04/2009 | Owner Information |
| License # | 012948 | | | | | ABBA GENTLE HEALTHCARE LLC |
| Lic Expire | 11/30/2017 | | | | | 7007 GULF FREEWAY SUITE 222-A |
| Medicare 1: | 747580 | | | | | HOUSTON, TX 77087 |
| Medicare 2: | | | | | | |
| Phone | (832) 369-6811 | Fax | (713) 981-1811 | | | Services: |
| Type: | Parent Agency | Administrator | LANI CABRAL DELEON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/02/2016 | Owner Information |
| License # | 017841 | | | | | ABBIS CARE TEAM LLC |
| Lic Expire | 11/30/2018 | | | | | 6201 BONHOMME SUITE 100 S |
| Medicare 1: | 743168 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 623-6107 | Fax | (832) 426-4454 | | | Services: |
| Type: | Parent Agency | Administrator | MABEL MICHAEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/05/2015 | Owner Information |
| License # | 017331 | | | | | ABIB HOSPICE CARE, INC |
| Lic Expire | 10/31/2019 | | | | | 8700 COMMERCE PARK DRIVE SUITE 207 |
| Medicare 1: | 741509 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 834-6847 | Fax | (832) 834-6875 | | | Services: |
| Type: | Parent Agency | Administrator | OLAKUNLE OMIYALE | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2005 | Owner Information |
| License # | 009575 | | | | | ABL HOMEHEALTH SERVICES INCORPORATED |
| Lic Expire | 02/29/2020 | | | | | 9888 BISSONNET STREET SUITE #135 |
| Medicare 1: | 457954 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 498-8666 | Fax | (281) 498-4367 | | | Services: |
| Type: | Parent Agency | Administrator | BLESSING UKACHI AMUSHIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/15/2011 | Owner Information |
| License # | 014532 | | | | | ABLE HEALTHCARE SOLUTIONS LLC |
| Lic Expire | 09/30/2019 | | | | | 15114 BELLAIRE BLVD |
| Medicare 1: | 747749 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 607-7754 | Fax | (281) 564-7543 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORIA NWACHINEMERE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/13/2017 | Owner Information |
| License # | 018376 | | | | | SANDRA ELAINE OWORU |
| Lic Expire | 10/31/2019 | | | | | 12236 BOB WHITE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | |
| Phone | (713) 729-3066 | Fax | (844) 825-3614 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE OZZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/2011 | Owner Information |
| License # | 014410 | | | | | ABUNDANCE SYSTEMS, LLC |
| Lic Expire | 10/31/2019 | | | | | 10333 HARWIN DRIVE, SUITE #460 F |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 487-9173 | Fax | (832) 487-9179 | | | Services: |
| Type: | Parent Agency | Administrator | MUSILIU OLATOTO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/27/2001 | Owner Information |
| License # | 007705 | | | | | ACC HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 4006 BAYSHORE DRIVE |
| Medicare 1: | 679097 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 532-1980 | Fax | (713) 532-6210 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERESITA ALQUIZA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/17/2010 | Owner Information |
| License # | 013176 | | | | | RSP VENTURES INC |
| Lic Expire | 03/31/2018 | | | | | 16100 CAIRNWAY DRIVE SUITE 245 |
| Medicare 1: | 747603 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 859-3516 | Fax | (281) 859-3517 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RANDY PARAMORE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2011 | Owner Information |
| License # | 014477 | | | | | ACCREDITED GROUP V LLC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 701 |
| Medicare 1: | | | | | | FULSHEAR, TX 77441 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 408-7999 | Fax | (866) 708-0821 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JERRY MOSBACHER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/05/2011 | Owner Information |
| License # | 014260 | | | | | ACCREDITED GROUP II, LLC |
| Lic Expire | 08/31/2019 | | | | | 14520 OLD KATY ROAD #101 |
| Medicare 1: | 671725 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 408-7999 | Fax | (866) 708-0821 | | | Hospice |
| Type: | Parent Agency | Administrator | JERRY MOSBACHER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2002 | Owner Information |
| License # | 008101 | | | | | ACCREDITED HEALTH GROUP, INC. |
| Lic Expire | 06/30/2018 | | | | | ONE EXPRESS WAY |
| Medicare 1: | | | | | | ST LOUIS, MO 63121 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 791-1552 | Fax | (866) 529-3087 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FREDRICKA HALL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/21/2017 | Owner Information |
| License # | 018187 | | | | | ACCURATE HOSPICE I INC |
| Lic Expire | 07/31/2019 | | | | | 1610 BLODGETT, SUITE A |
| Medicare 1: | | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 527-2727 | Fax | (713) 527-2727 | | | Hospice |
| Type: | Parent Agency | Administrator | VANESSA EMAMI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/20/2017 | Owner Information |
| License # | 018177 | | | | | ACCURATE HOSPICE II INC |
| Lic Expire | 07/31/2019 | | | | | 1610 BLODGETT SUITE B |
| Medicare 1: | | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 527-2727 | Fax | (713) 527-2728 | | | Hospice |
| Type: | Parent Agency | Administrator | VANESSA EMANI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2004 | Owner Information |
| License # | 008842 | | | | | ACE HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 6666 HARWIN DRIVE SUITE 475 |
| Medicare 1: | 679256 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 978-6600 | Fax | (713) 978-6602 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLES ONUOGU | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/24/2015 | Owner Information |
| License # | 016938 | | | | | GREEN-DORSEY ENTERPRISES, LLC |
| Lic Expire | 07/31/2019 | | | | | 5870 HWY 6 N SUITE #315 |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 849-1949 | Fax | (832) 442-3394 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN F. GREEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/19/2000 | Owner Information |
| License # | 007461 | | | | | ASHOO INC |
| Lic Expire | 10/31/2019 | | | | | 11511 KATY FWY STE 602 |
| Medicare 1: | 679072 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (713) 378-0781 | Fax | (713) 378-5289 | | | Services: |
| Type: | Parent Agency | Administrator | SHAHNAZ VARAHRAMI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/27/2017 | Owner Information |
| License # | 017933 | | | | | ACTIVECARE PROVIDER SERVICES |
| Lic Expire | 02/28/2019 | | | | | 10050 WESTPARK DRIVE #1114 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (346) 319-0229 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL PREVOST | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/22/2015 | Owner Information |
| License # | 017022 | | | | | ADVANCED HEALTHCARE PROFESSIONALS INC |
| Lic Expire | 08/31/2019 | | | | | 7001 CORPORATE DRIVE SUITE #306A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-8515 | Fax | (713) 988-6262 | | | Services: |
| Type: | Parent Agency | Administrator | KEYING CHEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/21/2016 | Owner Information |
| License # | 018019 | | | | | ADVANCED HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 9800 CENTRE PARKWAY STE 100 |
| Medicare 1: | 677827 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-6999 | Fax | (713) 271-7002 | | | Services: |
| Type: | Parent Agency | Administrator | LEO DELA ROSA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/08/2008 | Owner Information |
| License # | 012027 | | | | | ADVANCED HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 9896 BISSONNET STREET, STE #345 |
| Medicare 1: | 679061 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 988-0800 | Fax | (281) 940-2977 | | | Services: |
| Type: | Parent Agency | Administrator | FUNMILAYO ONIPEDE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/09/2010 | Owner Information |
| License # | 013447 | | | | | ADVOCATES FOR THE INDEPENDENT LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 840534 |
| Medicare 1: | | | | | | HOUSTON, TX 77284 |
| Medicare 2: | | | | | | |
| Phone | (713) 609-9908 | Fax | (713) 856-9161 | | | Services: |
| Type: | Parent Agency | Administrator | KIM TWEEDDEL | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/01/2017 | Owner Information |
| License # | 018131 | | | | | AFFINITY BIOTECH, INC |
| Lic Expire | 01/31/2019 | | | | | 11303 CHIMNEY ROCK, SUITE #108 |
| Medicare 1: | | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | |
| Phone | (855) 551-2087 | Fax | (888) 805-0990 | | | Services: |
| Type: | Parent Agency | Administrator | ALMA JEAN QUINTERO | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 12/06/2010 | <u>Owner Information</u> |
| License # | 013755 | | | | | AFTEx PERSONAL CARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 8323 SOUTHWEST FREEWAY #500 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 778-6090 | Fax | (713) 270-6652 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCES N NWORA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/12/2011 | <u>Owner Information</u> |
| License # | 014093 | | | | | AGAPE CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 7941 KATY FREEWAY #134 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (713) 680-2273 | Fax | (832) 201-8794 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA CHAVEZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2009 | <u>Owner Information</u> |
| License # | 012875 | | | | | AGAPE PROVIDER SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 4201 FM 1960 WEST SUITE 165 |
| Medicare 1: | | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (281) 919-1130 | Fax | (281) 919-1378 | | | Services: |
| Type: | Parent Agency | Administrator | DAPHNE D BELIN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/13/2011 | <u>Owner Information</u> |
| License # | 014035 | | | | | AGC HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 9894 BISSONNET SUITE 100-H |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 623-6755 | Fax | (832) 203-5465 | | | Services: |
| Type: | Parent Agency | Administrator | OLUCHI UJOATU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/19/2012 | <u>Owner Information</u> |
| License # | 014881 | | | | | AGILE HOME HEALTH SERVICES, INC. |
| Lic Expire | 06/30/2018 | | | | | 10103 FONDREN RD # 440 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 338-2325 | Fax | (713) 338-2328 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA ONWUKAMUCHE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/22/2017 | <u>Owner Information</u> |
| License # | 018336 | | | | | AIWC SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 2441 |
| Medicare 1: | | | | | | HUMBLE, TX 77347 |
| Medicare 2: | | | | | | |
| Phone | (832) 207-8500 | Fax | (832) 201-7970 | | | Services: |
| Type: | Parent Agency | Administrator | TAKEISHA ADAMS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2010 | <u>Owner Information</u> |
| License # | 013772 | | | | | M M TRAN INC |
| Lic Expire | 12/31/2018 | | | | | 6100 CORPORATE DR SUITE 318 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 773-2298 | Fax | (713) 777-3898 | | | Services: |
| Type: | Parent Agency | Administrator | PAUL PETER TRAN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/14/2011 | <u>Owner Information</u> |
| License # | 013954 | | | | | ALEXIS HEALTH CARE, INC. |
| Lic Expire | 03/31/2019 | | | | | 9888 BISSONNET ST SUITE #665 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 808-9992 | Fax | (713) 808-9078 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA BOSAH | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/06/2008 | <u>Owner Information</u> |
| License # | 012179 | | | | | ALGEN HEALTH LLC |
| Lic Expire | 06/30/2018 | | | | | 2626 SOUTH LOOP WEST SUITE #550 |
| Medicare 1: | 679648 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 218-0260 | Fax | (713) 218-0173 | | | Services: |
| Type: | Parent Agency | Administrator | IRENE PODLUBNY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/01/2014 | <u>Owner Information</u> |
| License # | 016510 | | | | | ALIMED HOME HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 2600 SOUTH GESSNER ROAD SUITE 112 |
| Medicare 1: | 677992 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 917-0600 | Fax | (713) 917-0605 | | | Services: |
| Type: | Parent Agency | Administrator | MAE THOMLINSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/30/2003 | <u>Owner Information</u> |
| License # | 008481 | | | | | ALL ABOUT HOME CARE INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 590570 |
| Medicare 1: | 679454 | | | | | HOUSTON, TX 77259 |
| Medicare 2: | | | | | | |
| Phone | (713) 802-1211 | Fax | (713) 802-1288 | | | Services: |
| Type: | Parent Agency | Administrator | TAREK HUSSEIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/05/2008 | <u>Owner Information</u> |
| License # | 012408 | | | | | ALL MODERN HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 2600 S LOOP WEST SUITE 105 |
| Medicare 1: | 677870 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 658-1000 | Fax | (713) 777-7575 | | | Services: |
| Type: | Parent Agency | Administrator | VINCENT UZOMAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/21/2005 | <u>Owner Information</u> |
| License # | 010069 | | | | | ALL NATIONS HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 7601 W SAM HOUSTON PARKWAY S SUITE #800 |
| Medicare 1: | 677996 | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-1141 | Fax | (713) 271-1149 | | | Services: |
| Type: | Parent Agency | Administrator | JANICE CALLOWAY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/01/2016 | <u>Owner Information</u> |
| License # | 017549 | | | | | ALL STAR HELPERS LLC |
| Lic Expire | 07/31/2018 | | | | | 8330 WILLOW PLACE DR. SOUTH SUITE 1102 |
| Medicare 1: | | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | |
| Phone | (512) 784-7543 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | COURTNEY FRANKLIN | | | Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/18/2011 | <u>Owner Information</u> |
| License # | 014430 | | | | | THE KRIS HUTCHINSON GROUP, LLC |
| Lic Expire | 10/31/2019 | | | | | 8900 KIRBY #215 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 662-2146 | Fax | (713) 662-2173 | | | Services: |
| Type: | Parent Agency | Administrator | UCHENNA UDOBI | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2007 | <u>Owner Information</u> |
| License # | 011358 | | | | | ALLBRIGHT HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 6666 HARWIN DR SUITE #340 |
| Medicare 1: | 679331 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 532-4199 | Fax | (713) 532-4197 | | | Services: |
| Type: | Parent Agency | Administrator | VINCENT OGADI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/05/2007 | Owner Information |
| License # | 011121 | | | | | ALLEN CARE INC |
| Lic Expire | 03/31/2018 | | | | | 6201 BONHOMME SUITE #308N |
| Medicare 1: | 679733 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 933-8463 | Fax | (713) 583-3808 | | | Services: |
| Type: | Parent Agency | Administrator | LATONIA BLATE-KENT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/11/1993 | Owner Information |
| License # | 001432 | | | | | ASSURANCE HEALTH SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 2421 WEST HOLCOMBE BLVD, SUITE #A |
| Medicare 1: | | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (713) 522-5773 | Fax | (713) 522-0796 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN JIMENEZ DICHOSO | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/19/2016 | Owner Information |
| License # | 017800 | | | | | ALLIED HOSPICE & PALLIATIVE CARE INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 6776 SOUTHWEST FWY SUITE 310 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-5577 | Fax | (713) 325-2833 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL ANI | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 02/06/2015 | Owner Information |
| License # | 017175 | | | | | ALLTECH HOME HEALTH INC |
| Lic Expire | 02/28/2019 | | | | | 10039 BISSONNET ST. SUITE 336 |
| Medicare 1: | 679375 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 242-7979 | Fax | (832) 242-7919 | | | Services: |
| Type: | Parent Agency | Administrator | UCHENNA WATSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2004 | Owner Information |
| License # | 009077 | | | | | ALPHA HALOBET HEALTH SERVICES INC |
| Lic Expire | 05/31/2016 | | | | | 8319 SIERRA HILL CT |
| Medicare 1: | 457856 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (713) 778-9199 | Fax | (713) 778-9667 | | | Services: |
| Type: | Parent Agency | Administrator | BASSEY ETIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/16/2002 | Owner Information |
| License # | 008001 | | | | | ALPHA HEALTHCARE NETWORK INC |
| Lic Expire | 07/31/2018 | | | | | 11011 BROOKLET DRIVE, SUITE 370 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (832) 962-7640 | Fax | (832) 962-7668 | | | Services: |
| Type: | Parent Agency | Administrator | CHIKA IHEGWORO | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/16/2015 | Owner Information |
| License # | 016691 | | | | | KAIZEN MEDICAL SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 2855 MANGUM ROAD SUITE #401 |
| Medicare 1: | 679500 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | |
| Phone | (281) 313-0080 | Fax | (281) 313-0255 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID JAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/30/2014 | Owner Information |
| License # | 016247 | | | | | KKIRK HOLDINGS, CORPORATION |
| Lic Expire | 04/30/2018 | | | | | 9225 KATY FREEWAY, SUITE #112 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (832) 460-2000 | Fax | (713) 467-6223 | | | Services: |
| Type: | Parent Agency | Administrator | KARENA KIRK | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2016 | <u>Owner Information</u> |
| License # | 017770 | | | | | CUBELLIS ENTERPRISES LLC |
| Lic Expire | 10/31/2018 | | | | | 1104 W 25TH ST |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 541-4744 | Fax | (281) 392-1220 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GUIDO CUBELLIS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/23/2006 | <u>Owner Information</u> |
| License # | 010482 | | | | | AMAZING GRACE NURSING SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 8200 WEDNESBURY LANE, #265 |
| Medicare 1: | 673136 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 484-7555 | Fax | (713) 484-6318 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERI TAJUDEEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/20/2017 | <u>Owner Information</u> |
| License # | 018534 | | | | | CGN HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 8700 COMMERCE PARK DR STE # 147 |
| Medicare 1: | 747575 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 589-9060 | Fax | (713) 774-0400 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADA EMELE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2004 | <u>Owner Information</u> |
| License # | 009475 | | | | | AMBASSADORS LLC |
| Lic Expire | 12/31/2019 | | | | | P.O. BOX 301189 |
| Medicare 1: | | | | | | HOUSTON, TX 77230 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 521-2221 | Fax | (866) 873-9006 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTORIA BRYANT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/21/2002 | <u>Owner Information</u> |
| License # | 008212 | | | | | AMERI BLUE HEALTH CARE SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 3300 S GESSNER RD SUITE 111 |
| Medicare 1: | 679316 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-9027 | Fax | (713) 271-9067 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIEVIC GAVIOLA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/1989 | <u>Owner Information</u> |
| License # | 001995 | | | | | AMERICAN HOME HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 14411 |
| Medicare 1: | | | | | | HOUSTON, TX 77221 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 521-0053 | Fax | (713) 874-1302 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TONI SHERRY OVILLE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2017 | <u>Owner Information</u> |
| License # | 018488 | | | | | AMERICAN WAY HOMECARE INC |
| Lic Expire | 10/31/2019 | | | | | 17625 EL CAMINO REAL STE 301 |
| Medicare 1: | | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 218-6779 | Fax | (281) 218-6757 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTY LAUCARIE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/05/2014 | <u>Owner Information</u> |
| License # | 016063 | | | | | AMERICARE HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2016 | | | | | 7530 MUIRWOOD LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77041 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 770-9355 | Fax | (713) 896-1683 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTIANA ATIBA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/21/2006 | Owner Information |
| License # | 010955 | | | | | AMERIPRO HEALTHCARE GROUP LLC |
| Lic Expire | 12/31/2017 | | | | | 6601 CYPRESSWOOD DRIVE, SUITE #102 |
| Medicare 1: | 747014 | | | | | SPRING, TX 77379 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 376-0800 | Fax | (281) 884-6043 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NATURE RENE SCHNITZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/08/2017 | Owner Information |
| License # | 018044 | | | | | AMERITA INC |
| Lic Expire | 05/31/2019 | | | | | 4001 W SAM HOUSTON PKY N STE 120 |
| Medicare 1: | | | | | | HOUSTON, TX 77043 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 843-7700 | Fax | (713) 843-7705 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DAVID PATRICK | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/11/2010 | Owner Information |
| License # | 013629 | | | | | ANARCARE HOME HEALTH AGENCY, INC. |
| Lic Expire | 10/31/2018 | | | | | 13601 WOODFOREST BLVD |
| Medicare 1: | | | | | | HOUSTON, TX 77015 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 330-4325 | Fax | (713) 330-1910 | | | Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | PATRICIA JANKI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/25/2016 | Owner Information |
| License # | 017672 | | | | | P&J HEALTHCARE SYSTEM, INC. |
| Lic Expire | 06/30/2018 | | | | | 1455 FM 646 WEST SUITE 204 |
| Medicare 1: | 741583 | | | | | DICKINSON, TX 77573 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 296-3840 | Fax | (281) 783-2111 | | | Hospice |
| Type: | Parent Agency | Administrator | TRICIA K KINNARD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/28/2017 | Owner Information |
| License # | 017936 | | | | | ANDTECH HOME CARE SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 16225 PARK TEN PL SUITE 50 |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 900-2600 | Fax | (713) 900-2606 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MYOSHIA BOYKIN-ANDERSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/11/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 799-2200 | Fax | (713) 799-2202 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/14/2006 | Owner Information |
| License # | 010876 | | | | | ANGELS ON CALL HOME CARE INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 611 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77487 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 772-7721 | Fax | (713) 620-3079 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANESSA CARTER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2014 | Owner Information |
| License # | 015945 | | | | | ANGELUS HEALTH SERVICES, INC. |
| Lic Expire | 12/31/2019 | | | | | 17635 GLENWOLF DR. |
| Medicare 1: | 679196 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 856-6305 | Fax | (281) 856-6260 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSA MARCELLA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/20/2009 | <u>Owner Information</u> |
| License # | 012960 | | | | | ANOINTED HOME HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 6776 SOUTHWEST FREEWAY SUITE 220 |
| Medicare 1: | 453165 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (832) 242-5907 | Fax | (832) 251-3374 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA DURU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/2009 | <u>Owner Information</u> |
| License # | 012419 | | | | | ANOINTED PAMPERING CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 17623 COTTONWOOD TRAIL LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (281) 808-2518 | Fax | (281) 345-7997 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH RUNNELS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/21/2002 | <u>Owner Information</u> |
| License # | 008211 | | | | | ANTIOCH HOME HEALTH, INC |
| Lic Expire | 11/30/2019 | | | | | 2420 FANNIN ST #1 A |
| Medicare 1: | 679348 | | | | | HOUSTON, TX 77002 |
| Medicare 2: | | | | | | |
| Phone | (713) 663-7131 | Fax | (713) 663-7205 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES BURNETT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/23/2017 | <u>Owner Information</u> |
| License # | 017929 | | | | | ANUYU HEALTH CARE AGENCY |
| Lic Expire | 02/28/2019 | | | | | 8900 CULLEN BLVD |
| Medicare 1: | | | | | | HOUSTON, TX 77051 |
| Medicare 2: | | | | | | |
| Phone | (888) 837-8028 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | KINTRISSA HUNTER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008400 | | | | | AP CARE UNLIMITED INC |
| Lic Expire | 12/31/2018 | | | | | 6201 BONHOMME STREET SUITE 166 N |
| Medicare 1: | 459431 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 781-4048 | Fax | (713) 781-4241 | | | Services: |
| Type: | Parent Agency | Administrator | PHYLLOMINA WATURUOCHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2009 | <u>Owner Information</u> |
| License # | 012577 | | | | | APEX CARE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 10518 KIPP WAY DRIVE STE A-1 |
| Medicare 1: | 747376 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 568-1146 | Fax | (281) 568-1168 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY M SANTOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/07/2010 | <u>Owner Information</u> |
| License # | 013617 | | | | | APEX HOMEHEALTH SERVICES INC. |
| Lic Expire | 10/31/2018 | | | | | 6201 BONHOMME SUITE 352N |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 974-5946 | Fax | (832) 667-8738 | | | Services: |
| Type: | Parent Agency | Administrator | CHINEDU MOKOLO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/01/2014 | <u>Owner Information</u> |
| License # | 016497 | | | | | APEX PEDIATRIC HEALTHCARE, LLC |
| Lic Expire | 01/31/2018 | | | | | 13017 JESS PIRTLE BLVD SUITE 100 |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 208-7258 | Fax | (281) 208-7259 | | | Services: |
| Type: | Parent Agency | Administrator | RAJU PRATAP | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/07/2011 | Owner Information |
| License # | 014334 | | | | | APPLE HOME HEALTH CARE SYSTEMS INC |
| Lic Expire | 09/30/2019 | | | | | 12000 RICHMOND AVE SUITE 333 |
| Medicare 1: | 747776 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (281) 497-3045 | Fax | (281) 497-3059 | | | Services: |
| Type: | Parent Agency | Administrator | SIMIN NAMDARI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/10/1995 | Owner Information |
| License # | 003664 | | | | | APPLIED HEALTH CARE NURSING DIVISION, INC. |
| Lic Expire | 07/31/2019 | | | | | 13101 NORTHWEST FREEWAY SUITE 215 |
| Medicare 1: | 678169 | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | |
| Phone | (713) 782-4487 | Fax | (713) 782-1824 | | | Services: |
| Type: | Parent Agency | Administrator | NABIL HAIDAMOUS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/05/2017 | Owner Information |
| License # | 017983 | | | | | ARIES HEALTHCARE AGENCY |
| Lic Expire | 04/30/2019 | | | | | 7100 REGENCY SQUARE SUITE #280 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (346) 802-3129 | Fax | (346) 802-3130 | | | Services: |
| Type: | Parent Agency | Administrator | CLARA JOSEPH | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/27/1994 | Owner Information |
| License # | 001212 | | | | | BESSIE GOUDEAU AND SANDRA GAMEZ |
| Lic Expire | 04/30/2019 | | | | | 11821 I-10 EAST STE 340 |
| Medicare 1: | | | | | | HOUSTON, TX 77029 |
| Medicare 2: | | | | | | |
| Phone | (713) 455-5979 | Fax | (713) 450-1845 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA GAMEZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/05/2015 | Owner Information |
| License # | 016591 | | | | | ASCENSION HOSPICE, INC |
| Lic Expire | 01/31/2019 | | | | | 12550 FUQUA STREET SUITE 300 |
| Medicare 1: | 741648 | | | | | HOUSTON, TX 77034 |
| Medicare 2: | | | | | | |
| Phone | (281) 481-5100 | Fax | (281) 481-5102 | | | Services: |
| Type: | Parent Agency | Administrator | SHENICE C. FERGUSON | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2001 | Owner Information |
| License # | 007603 | | | | | ASSIST- MED INC |
| Lic Expire | 12/31/2017 | | | | | 2000 S. DAIRY ASHFORD #450 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (832) 300-3100 | Fax | (832) 300-3106 | | | Services: |
| Type: | Parent Agency | Administrator | RUTH BRIGGS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/18/2014 | Owner Information |
| License # | 016264 | | | | | ASSISTING ANGELS CAREGIVERS, LLC. |
| Lic Expire | 06/30/2018 | | | | | 3 BURKHART FOREST COURT |
| Medicare 1: | | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | |
| Phone | (832) 649-5657 | Fax | (832) 649-8166 | | | Services: |
| Type: | Parent Agency | Administrator | POONAM T RAMESH | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/21/2014 | Owner Information |
| License # | 016388 | | | | | GCD ENTERPRISES, LLC |
| Lic Expire | 08/31/2018 | | | | | 3845 CYPRESS CREEK PARKWAY SUITE 317 |
| Medicare 1: | | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (832) 699-6920 | Fax | (866) 613-8940 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY D SHAW | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/22/2014 | Owner Information |
| License # | 016326 | | | | | MAR HEALTH SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | P O BOX 820245 |
| Medicare 1: | | | | | | HOUSTON, TX 77282 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 369-5858 | Fax | (281) 369-5859 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARISOL REYES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/12/1988 | Owner Information |
| License # | 001958 | | | | | ASSOCIATES HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 15735 |
| Medicare 1: | | | | | | HOUSTON, TX 77220 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 674-9936 | Fax | (713) 674-9939 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMA L SMITH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2010 | Owner Information |
| License # | 013884 | | | | | ASSURANCEJ HOMECARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 2236 |
| Medicare 1: | | | | | | ALIEF, TX 77411 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 988-2618 | Fax | (713) 988-2619 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUDITH C NWOKORIE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/22/2006 | Owner Information |
| License # | 010760 | | | | | ASSURING CARE HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 3858 WENTWORTH |
| Medicare 1: | 743157 | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 398-8111 | Fax | (713) 524-4415 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA WALKER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/25/2012 | Owner Information |
| License # | 015159 | | | | | ASTRO MEDICAL SERVICES LLC |
| Lic Expire | 10/31/2016 | | | | | 1314 TEXAS STREET SUITE 412 |
| Medicare 1: | | | | | | HOUSTON, TX 77002 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 542-3204 | Fax | (281) 404-9021 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUSOLA ADIGUN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/02/2004 | Owner Information |
| License # | 008994 | | | | | ASTROCARE CLASS INC |
| Lic Expire | 01/31/2019 | | | | | 14950 HEATHROW FOREST PARKWAY SUITE 300 |
| Medicare 1: | | | | | | HOUSTON, TX 77032 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 931-5500 | Fax | (281) 931-5514 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLADYS WADE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/02/2004 | Owner Information |
| License # | 008951 | | | | | ASTROCARE VISITING HEALTH PROFESSIONALS, INC. |
| Lic Expire | 01/31/2020 | | | | | 650 NORTH SAM HOUSTON PARKWAY E, #410 |
| Medicare 1: | | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 931-5500 | Fax | (281) 931-5514 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLADYS WADE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/07/2016 | Owner Information |
| License # | 017500 | | | | | AT HOME HEALTH CARE HOSPICE INC |
| Lic Expire | 07/31/2018 | | | | | 6260 WESTPARK DR STE 125E |
| Medicare 1: | 741668 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 566-5829 | Fax | (866) 566-5829 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | JESTINA BANGURA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/06/2009 | Owner Information |
| License # | 013051 | | | | | SIGNATURE HOMECARE SERVICES TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 519 FRANKLIN SUITE #203 |
| Medicare 1: | 679628 | | | | | MORRIS, IL 60450 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 237-5800 | Fax | (832) 237-5810 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DEBRA TRIOLO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/16/2004 | Owner Information |
| License # | 008967 | | | | | MSB PERSONAL ASSISTANT SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 16868 ROYAL CREST |
| Medicare 1: | | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 335-4882 | Fax | (281) 984-7471 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARSENE BOLDT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/23/2012 | Owner Information |
| License # | 014655 | | | | | DLLC HOMECARE, LLC |
| Lic Expire | 02/28/2018 | | | | | 8203 WILLOW PLACE SOUTH, SUITE #555 |
| Medicare 1: | | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 520-3746 | Fax | (281) 520-3743 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID J. HITTLER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/28/2007 | Owner Information |
| License # | 011546 | | | | | D&D ASSOCIATES INC |
| Lic Expire | 08/31/2019 | | | | | 2400 AUGUSTA DR STE 260 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 337-1133 | Fax | (713) 337-1136 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONNA L WRABEL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/21/2016 | Owner Information |
| License # | 017693 | | | | | ATMA CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 868 FISHER ST |
| Medicare 1: | | | | | | HOUSTON, TX 77018 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 216-1694 | Fax | (281) 666-8872 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANISH PILLAI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/01/2013 | Owner Information |
| License # | 016469 | | | | | ATTENTIVE HOSPICE LLC |
| Lic Expire | 04/30/2019 | | | | | 315 W ALABAMA ST SUITE 202 |
| Medicare 1: | 671681 | | | | | HOUSTON, TX 77006 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 527-0204 | Fax | (713) 529-1404 | | | Hospice |
| Type: | Parent Agency | Administrator | KENYATTA L. HOLMES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/07/2010 | Owner Information |
| License # | 014055 | | | | | ATWELL HOME HEALTH SERVICES, INC. |
| Lic Expire | 12/31/2018 | | | | | 6915 ATWELL DRIVE |
| Medicare 1: | 747740 | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 664-7800 | Fax | (713) 664-7811 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UCHE MCHENRY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/14/2014 | Owner Information |
| License # | 016111 | | | | | WKRP HOUSTON, LLC |
| Lic Expire | 01/31/2018 | | | | | 7058 LAKEVIEW HAVEN DRIVE, SUITE #120 |
| Medicare 1: | 671617 | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 530-7829 | Fax | (281) 598-2897 | | | Hospice |
| Type: | Parent Agency | Administrator | ROLAND JAMES RADCLIFFE, JR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 05/27/2004 | Owner Information |
| License # | 009115 | | | | | AVIDA CARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 3003 S LOOP W STE 320 |
| Medicare 1: | 457814 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 910-0296 | Fax | (713) 910-0358 | | | Services: |
| Type: | Parent Agency | Administrator | ABIGAIL WYNNE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/20/2014 | Owner Information |
| License # | 016491 | | | | | B & J HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 11725 LOGAN RIDGE DR |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (832) 202-8430 | Fax | (281) 533-3360 | | | Services: |
| Type: | Parent Agency | Administrator | JOY OGU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/06/2017 | Owner Information |
| License # | 017988 | | | | | GLOBAL RETEL INVESTMENTS INC |
| Lic Expire | 04/30/2019 | | | | | 4018 GREEN CREST DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (281) 965-9502 | Fax | (832) 230-3272 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL OSHINUGA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/28/2004 | Owner Information |
| License # | 008886 | | | | | BANNER HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 10590 WESTOFFICE DRIVE SUITE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (713) 272-9355 | Fax | (713) 272-9356 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONY OBEAHON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/27/2016 | Owner Information |
| License # | 017514 | | | | | BATHFOL HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 8700 COMMERCE PARK DRIVE, SUITE #121 |
| Medicare 1: | 679798 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 962-8970 | Fax | (832) 962-8930 | | | Services: |
| Type: | Parent Agency | Administrator | FLORA OKHAIFOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/23/2018 | Owner Information |
| License # | 018572 | | | | | BEE DIVINE CARE PROVIDER SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 7123 SUN VILLAGE DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 755-4954 | Fax | (281) 624-4722 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA OGBEH | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/20/1998 | Owner Information |
| License # | 006638 | | | | | BELL TECH HOME HEALTHCARE |
| Lic Expire | 03/31/2019 | | | | | 14602 PRESIDIO SQUARE BLVD |
| Medicare 1: | 679301 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 679-0541 | Fax | (281) 679-0524 | | | Services: |
| Type: | Parent Agency | Administrator | RASHIDAT KIKELOMO BELLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/12/2008 | Owner Information |
| License # | 012342 | | | | | BELLAIRE HOME HEALTH CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 10786-BELLAIRE BOULEVARD |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (281) 564-9959 | Fax | (281) 564-9989 | | | Services: |
| Type: | Parent Agency | Administrator | JENI HONG ANH THUY NGUYEN | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/06/2007 | <u>Owner Information</u> |
| License # | 011127 | | | | | BELOR HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 440 BENMAR DRIVE, SUITE #2255 |
| Medicare 1: | 747115 | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 534-1486 | Fax | (713) 774-2082 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLINE VOGT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/1998 | <u>Owner Information</u> |
| License # | 006711 | | | | | BELOVED HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | P O BOX 36197 |
| Medicare 1: | 458287 | | | | | HOUSTON, TX 77236 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 776-9333 | Fax | (713) 776-9382 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AGATHA O DURU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/13/2009 | <u>Owner Information</u> |
| License # | 012555 | | | | | BENEFICIENT INC |
| Lic Expire | 03/31/2019 | | | | | 9695 A SOUTHWEST FRWY |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 988-2942 | Fax | (713) 988-2943 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERRY TADESE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/07/2016 | <u>Owner Information</u> |
| License # | 017304 | | | | | BENITA HOMECARE |
| Lic Expire | 03/31/2020 | | | | | 4000 DOVER STREET SUITE 200 |
| Medicare 1: | | | | | | HOUSTON, TX 77087 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 898-4311 | Fax | (832) 516-6680 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BENITA TURK | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/06/2004 | <u>Owner Information</u> |
| License # | 009711 | | | | | BEST DOMINION HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 9950 WESTPARK DR SUITE 306 |
| Medicare 1: | 679410 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 266-0250 | Fax | (713) 266-0256 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BOLAJI K ADEYEMI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/13/2003 | <u>Owner Information</u> |
| License # | 008593 | | | | | BESTIN MEDICAL GROUP INC. |
| Lic Expire | 08/31/2018 | | | | | 1505 HIGHWAY 6 SOUTH, SUITE #195 |
| Medicare 1: | 453101 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 530-4333 | Fax | (281) 496-9796 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CLEMENTINA BESTMANN JACKSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/18/2002 | <u>Owner Information</u> |
| License # | 008207 | | | | | BESTWAY HOME HEALTH CORPORATION |
| Lic Expire | 11/30/2017 | | | | | 9311 MEADOW BRANCH COURT |
| Medicare 1: | 679386 | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 550-2928 | Fax | (281) 861-7732 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AUGUSTINA EZIEFULE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/18/2010 | <u>Owner Information</u> |
| License # | 013719 | | | | | BLAKES BLESSING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 2422 POCO DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 539-1999 | Fax | (713) 432-1701 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTY JONES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/22/2014 | Owner Information |
| License # | 015995 | | | | | BLAZING HEALTHCARE SERVICES, INC. |
| Lic Expire | 01/31/2018 | | | | | 8327 CHELSEA BEND COURT |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 575-1254 | Fax | (281) 476-7771 | | | Services: |
| Type: | Parent Agency | Administrator | OLUSHOLA OJENIYI | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/10/2015 | Owner Information |
| License # | 016845 | | | | | TINA LAVETTE SMITH |
| Lic Expire | 06/30/2019 | | | | | 702 BALCH SPRINGS |
| Medicare 1: | | | | | | SPRING, TX 77373 |
| Medicare 2: | | | | | | |
| Phone | (832) 499-9875 | Fax | (866) 593-3931 | | | Services: |
| Type: | Parent Agency | Administrator | TINA LAVETTE SMITH | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/19/2015 | Owner Information |
| License # | 016849 | | | | | BLESSED HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 7457 HARWIN DR 105 |
| Medicare 1: | 743124 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 773-0999 | Fax | (713) 778-1919 | | | Services: |
| Type: | Parent Agency | Administrator | KERRY AKUKORO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2011 | Owner Information |
| License # | 013956 | | | | | THE VITALUS GROUP, LLC |
| Lic Expire | 03/31/2019 | | | | | 2727 ALLEN PARKWAY SUITE 1915 |
| Medicare 1: | 747675 | | | | | HOUSTON, TX 77080 |
| Medicare 2: | | | | | | |
| Phone | (281) 240-0749 | Fax | (281) 240-1335 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET FRANKLIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/13/2011 | Owner Information |
| License # | 014096 | | | | | BLOSSOM HEALTHCARE INC |
| Lic Expire | 05/31/2019 | | | | | 14706 SHOREBROOK DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (713) 447-1509 | Fax | (281) 855-3370 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA AIGBE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/10/2015 | Owner Information |
| License # | 016676 | | | | | BONJOUR HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 8426 BATTLEOAK DR |
| Medicare 1: | | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-1828 | Fax | (713) 771-1718 | | | Services: |
| Type: | Parent Agency | Administrator | MINH THUY NGUYEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/07/2011 | Owner Information |
| License # | 014201 | | | | | BOSCO HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 6300 HILLCROFT STREET #610 |
| Medicare 1: | | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | |
| Phone | (832) 623-6327 | Fax | (713) 677-0739 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES MCFRED | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/30/2016 | Owner Information |
| License # | 017604 | | | | | BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | 12223 CAMBDEN MEADOW DR |
| Medicare 1: | | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | |
| Phone | (832) 552-9953 | Fax | (281) 557-6399 | | | Services: |
| Type: | Parent Agency | Administrator | YANCY PAET | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2007 | Owner Information |
| License # | 011063 | | | | | BRIDGETT MEMORIAL HEALTHCARE INC |
| Lic Expire | 02/29/2020 | | | | | 2500 TANGLEWIDE ST., STE#223 |
| Medicare 1: | 747066 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 334-9920 | Fax | (713) 334-2527 | | | Services: |
| Type: | Parent Agency | Administrator | TONY NWACHAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/02/2016 | Owner Information |
| License # | 017297 | | | | | TRUE GRIT BUSINESS VENTURES INC. |
| Lic Expire | 03/31/2018 | | | | | 23877 DORRINGTON ESTATES LANE |
| Medicare 1: | | | | | | CONROE, TX 77385 |
| Medicare 2: | | | | | | |
| Phone | (832) 730-1255 | Fax | (832) 730-1253 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTIN LED MILLER | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/06/2017 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (832) 996-4900 | Fax | (832) 717-0148 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (713) 932-0400 | Fax | (713) 932-9952 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (281) 588-0800 | Fax | (281) 588-0805 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (713) 432-7777 | Fax | (713) 839-8046 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2009 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (713) 993-9999 | Fax | (713) 993-0169 | | | Services: |
| Type: | Parent Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/05/2008 | Owner Information |
| License # | 011954 | | | | | INNOVATIVE SENIOR CARE HOME HEALTH OF HOUSTON LLC |
| Lic Expire | 02/28/2019 | | | | | 111 WESTWOOD PLACE SUITE #400 |
| Medicare 1: | 679313 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (713) 623-0291 | Fax | (713) 877-0449 | | | Services: |
| Type: | Parent Agency | Administrator | JOSH STINSON | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 10/01/2012 | Owner Information BROOKDALE HOSPICE LLC 111 WESTWOOD PLACE, SUITE #400 BRENTWOOD, TN 37027 |
| License # | 015163 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 671663 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 623-0937 | Fax | (713) 623-0938 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | LARISSA BALDWIN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/05/2010 | Owner Information BUCKNER RETIREMENT SERVICES INC 700 N PEARL STREET, SUITE 1200 DALLAS, TX 75201 |
| License # | 013061 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | 671661 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 493-6800 | Fax | (281) 493-6807 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | NICOLE CUPIC MCPHERSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/11/2017 | Owner Information BY YOUR SIDE HOSPICE LLC 9950 WESTPARK SUITE#634 HOUSTON, TX 77063 |
| License # | 018241 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 853-4934 | Fax | (888) 248-9593 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | JOEL S. ADA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/01/2017 | Owner Information BY YOUR SIDE HOME HEALTHCARE LLC 9022 SAINT LAURENT LN HOUSTON, TX 77044 |
| License # | 018215 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 296-9634 | Fax | | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL BREWER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/15/2017 | Owner Information C&C ULTRA HEALTHCARE PROVIDERS INC. 6001 SAVOY DR. SUITE #302 HOUSTON, TX 77036 |
| License # | 018080 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | 677938 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 804-9649 | Fax | (832) 649-4988 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TOLU LAOYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/23/2004 | Owner Information C & L HEALTH CARE MANAGEMENT AND SERVICE INC 8914 PECAN PLACE DR HOUSTON, TX 77071 |
| License # | 009423 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | 457953 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 661-7694 | Fax | (713) 995-1406 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAMBERT NWANETI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/17/2017 | Owner Information KAMSCARE INC. 9494 SOUTHWEST FREEWAY SUITE 450-H HOUSTON, TX 77074 |
| License # | 018207 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | 747195 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 623-6705 | Fax | (832) 623-6735 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEREMY ULUOCHA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/31/2015 | Owner Information C & P HEALTHCARE SERVICES, INCORPORATED 14902 VIA DEL NORTE HOUSTON, TX 77083 |
| License # | 016716 | | | | | |
| Lic Expire | 03/31/2017 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 369-4722 | Fax | (281) 369-4722 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | PHILOMINA EHIKHAMHEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2010 | Owner Information |
| License # | 013172 | | | | | C AND D HEALTHCARE SERVICES, LLC |
| Lic Expire | 03/31/2018 | | | | | 14459 REISSEN LANE |
| Medicare 1: | 747787 | | | | | HOUSTON, TX 77069 |
| Medicare 2: | | | | | | |
| Phone | (832) 286-4011 | Fax | (832) 286-4211 | | | Services: |
| Type: | Parent Agency | Administrator | CLARA AKALUSO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/13/2007 | Owner Information |
| License # | 011823 | | | | | C N E HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 218418 |
| Medicare 1: | 679456 | | | | | HOUSTON, TX 77018 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-6373 | Fax | (713) 783-6375 | | | Services: |
| Type: | Parent Agency | Administrator | CLAUDIA JACKSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/14/2004 | Owner Information |
| License # | 009030 | | | | | C N G HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 12318 DE FORREST ST |
| Medicare 1: | 673198 | | | | | HOUSTON, TX 77066 |
| Medicare 2: | | | | | | |
| Phone | (281) 880-7890 | Fax | (281) 880-7891 | | | Services: |
| Type: | Parent Agency | Administrator | SHURON JEROME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018225 | | | | | CLARK HEALTHCARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 7803 CRYSTAL MOON DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | |
| Phone | (713) 856-5265 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | JACQUELINE JOHNSON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/26/2005 | Owner Information |
| License # | 009550 | | | | | C & S HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 15430 RIDGE PARK DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (281) 550-3665 | Fax | (281) 550-8449 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY HARTMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/03/2005 | Owner Information |
| License # | 008941 | | | | | CAMEO HOME HEALTH CARE LP |
| Lic Expire | 02/28/2018 | | | | | 7026 OLD KATY ROAD SUITE #301 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (281) 579-8181 | Fax | (281) 579-9266 | | | Services: |
| Type: | Branch Agency | Administrator | CHERRY GATTIS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2004 | Owner Information |
| License # | 008941 | | | | | CAMEO HOME HEALTH CARE LP |
| Lic Expire | 02/28/2018 | | | | | 7026 OLD KATY ROAD SUITE #301 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (713) 682-7272 | Fax | (713) 681-8665 | | | Services: |
| Type: | Parent Agency | Administrator | CHERRY GATTIS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/20/2003 | Owner Information |
| License # | 008606 | | | | | CANAAN HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 12602 LALEU LN |
| Medicare 1: | | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-7611 | Fax | (713) 771-7180 | | | Services: |
| Type: | Parent Agency | Administrator | OKWUCHI E ARIMONYEOTU | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 03/30/2012 | Owner Information CANON HEALTHCARE, LLC. 14601 BELLAIRE BLVD, SUITE #10 HOUSTON, TX 77083 |
| License # | 014720 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 575-8800 | Fax | (281) 575-0304 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | QUEEN UKOH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/27/2012 | Owner Information CAPENO HOME HEALTH, INC. 3226 SOUTH BRIAR KNOLL DRIVE HOUSTON, TX 77082 |
| License # | 015282 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 979-1372 | Fax | (281) 495-3770 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCISCA EKWURUKE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/20/2009 | Owner Information CARDINAL HEALTH CARE SERVICES INC 2714 TRAILRIDGE COURT MISSOURI CITY, TX 77459 |
| License # | 012610 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | 747366 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 456-7111 | Fax | (281) 581-0318 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CAROLINE C ZAMORA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/11/2008 | Owner Information SWIFT HEALTH CARE INC 10333 HARWIN DRIVE SUITE 618 HOUSTON, TX 77036 |
| License # | 012069 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | 679499 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 272-0900 | Fax | (713) 272-0909 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMUEL W AMUZU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/28/2015 | Owner Information FERMIN CUENCA CORPORATION 5447 STILLBROOKE DR HOUSTON, TX 77096 |
| License # | 016624 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 728-9673 | Fax | (713) 728-9673 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIAN CUENCA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/24/2007 | Owner Information CARE INNOVATIONS LLC 5850 SAN FELIPE STE 500 HOUSTON, TX 77057 |
| License # | 011353 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 771-1033 | Fax | (832) 201-7579 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | KRIS DIAZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/12/2013 | Owner Information OCI ACQUISITION LLC 4300 SIGMA ROAD SUITE 130 DALLAS, TX 75244 |
| License # | 012311 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 823-9191 | Fax | (281) 310-5255 | | | Services: Licensed Home Health Services |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/24/2006 | Owner Information CARE OPTIONS HEALTH SERVICES INC 4006 PORTSMOUTH ST HOUSTON, TX 77027 |
| License # | 010311 | | | | | |
| Lic Expire | 02/28/2018 | | | | | |
| Medicare 1: | 677976 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 977-1222 | Fax | (713) 977-1333 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AYODELE DADA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/23/2018 | <u>Owner Information</u> |
| License # | 018570 | | | | | CARE PLUS HOSPICE |
| Lic Expire | 01/31/2020 | | | | | 9950 WESTPARK SUITE # 644 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 280-7985 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2016 | <u>Owner Information</u> |
| License # | 017920 | | | | | CARE TAKE HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 11625 W HARDY RD |
| Medicare 1: | | | | | | HOUSTON, TX 77076 |
| Medicare 2: | | | | | | |
| Phone | (713) 674-5616 | Fax | (713) 674-5620 | | | Services: |
| Type: | Parent Agency | Administrator | KEITH J HEBERT | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017724 | | | | | CARE TAKE HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | 11625 W HARDY RD |
| Medicare 1: | | | | | | HOUSTON, TX 77076 |
| Medicare 2: | | | | | | |
| Phone | (713) 674-5616 | Fax | (713) 674-5620 | | | Services: |
| Type: | Parent Agency | Administrator | KEITH J HEBERT | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/17/2017 | <u>Owner Information</u> |
| License # | 017927 | | | | | WISDOM MUOFHE |
| Lic Expire | 02/28/2019 | | | | | 1950 ELDRIDGE PARKWAY #15208 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (832) 807-6384 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | WISDOM MUOFUE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/28/1999 | <u>Owner Information</u> |
| License # | 007015 | | | | | DIPSONS INC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 888 |
| Medicare 1: | | | | | | ALIEF, TX 77411 |
| Medicare 2: | | | | | | |
| Phone | (713) 789-8668 | Fax | (713) 780-4146 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL AYOTUNDE DIPEOLU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/20/2017 | <u>Owner Information</u> |
| License # | 017868 | | | | | CARE BY KENNEDY, LLC |
| Lic Expire | 01/31/2019 | | | | | 17906 NORWOOD OAKS DR |
| Medicare 1: | | | | | | SPRING, TX 77379 |
| Medicare 2: | | | | | | |
| Phone | (832) 266-1222 | Fax | (832) 590-0200 | | | Services: |
| Type: | Parent Agency | Administrator | NICOLE KENNEDY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/28/2016 | <u>Owner Information</u> |
| License # | 017655 | | | | | BETTIE C. ARBAIZA |
| Lic Expire | 09/30/2018 | | | | | 10101 FONDREN RD. STE #217 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-4500 | Fax | (844) 272-8822 | | | Services: |
| Type: | Parent Agency | Administrator | BETTIE C. ARBAIZA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/07/2007 | <u>Owner Information</u> |
| License # | 011317 | | | | | CAREPOINT HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 7324 SOUTHWEST FREEWAY SUITE #540 |
| Medicare 1: | 747011 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-7990 | Fax | (713) 771-7947 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA AKOMPI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/27/2014 | Owner Information |
| License # | 016285 | | | | | CARESMART CAREGIVERS, LLC. |
| Lic Expire | 06/30/2018 | | | | | 12806 REEDWOOD RIDGE ROAD |
| Medicare 1: | | | | | | HOUSTON, TX 77065 |
| Medicare 2: | | | | | | |
| Phone | (832) 515-4220 | Fax | (832) 515-4220 | | | Services: |
| Type: | Parent Agency | Administrator | AYLEN C HOLUM | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/04/2005 | Owner Information |
| License # | 010117 | | | | | TRUSTED CARE SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 9514 FENCHURCH DRIVE |
| Medicare 1: | | | | | | SPRING, TX 77379 |
| Medicare 2: | | | | | | |
| Phone | (832) 237-2273 | Fax | (832) 237-5700 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM HARDY JR | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/03/2017 | Owner Information |
| License # | 018035 | | | | | KINLIN LLC |
| Lic Expire | 05/31/2019 | | | | | 14410 ANDREA WAY LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 369-4722 | Fax | (281) 369-4722 | | | Services: |
| Type: | Parent Agency | Administrator | CHIDIMMA OLUCHI OSUAGWU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/16/2011 | Owner Information |
| License # | 014167 | | | | | 1ST GOVERNMENT HEALTHCARE, INC |
| Lic Expire | 06/30/2019 | | | | | 7447 HARWIN DR SUITE 252 |
| Medicare 1: | 671770 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 750-9797 | Fax | (713) 750-9249 | | | Services: |
| Type: | Parent Agency | Administrator | MATTHEW MBA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2016 | Owner Information |
| License # | 017525 | | | | | VICTORIA JEFFERSON |
| Lic Expire | 03/31/2018 | | | | | 16151 CAIRNWAY DR |
| Medicare 1: | 673140 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (832) 683-4355 | Fax | (832) 427-1382 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORIA JEFFERSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/07/2014 | Owner Information |
| License # | 016189 | | | | | CARING HEARTS 24/7, LLC |
| Lic Expire | 05/31/2018 | | | | | 3922 CLUB VALLEY DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (832) 279-4452 | Fax | (832) 781-8766 | | | Services: |
| Type: | Parent Agency | Administrator | NATASHA L DAVIS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/05/2017 | Owner Information |
| License # | 017834 | | | | | CARING HOSPICE, LLC |
| Lic Expire | 01/31/2019 | | | | | 315 W ALABAMA ST STE 206 |
| Medicare 1: | | | | | | HOUSTON, TX 77006 |
| Medicare 2: | | | | | | |
| Phone | (713) 529-1402 | Fax | (713) 529-1404 | | | Services: |
| Type: | Parent Agency | Administrator | KENYATTA L HOLMES | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/17/2002 | Owner Information |
| License # | 007827 | | | | | CARING PROFESSIONAL HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 8300 BISSONNET SUITE #150 |
| Medicare 1: | 679152 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-9304 | Fax | (713) 270-9305 | | | Services: |
| Type: | Parent Agency | Administrator | VALENTIN T TAPIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/06/2015 | <u>Owner Information</u> |
| License # | 016892 | | | | | CARING PROFESSIONALS OF CLEAR LAKE LLC |
| Lic Expire | 07/31/2019 | | | | | 16023 BROOK FOREST DR |
| Medicare 1: | | | | | | HOUSTON, TX 77059 |
| Medicare 2: | | | | | | |
| Phone | (713) 382-5818 | Fax | (281) 709-6768 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH BIGGS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/06/2010 | <u>Owner Information</u> |
| License # | 013851 | | | | | RPKC INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 130628 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77393 |
| Medicare 2: | | | | | | |
| Phone | (281) 893-6699 | Fax | (281) 893-6698 | | | Services: |
| Type: | Parent Agency | Administrator | KATHY A CASEY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/10/2013 | <u>Owner Information</u> |
| License # | 015814 | | | | | CARITAS HEALTH CARE, LLC |
| Lic Expire | 09/30/2019 | | | | | 9788 CLAREWOOD DRIVE, SUITE #208 |
| Medicare 1: | 453102 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 554-0800 | Fax | (713) 554-0805 | | | Services: |
| Type: | Parent Agency | Administrator | MARIE MERCADO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/08/2007 | <u>Owner Information</u> |
| License # | 011336 | | | | | CAROCARE HEALTHCARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 6065 HILLCROFT STREET SUITE 300 |
| Medicare 1: | 679135 | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | |
| Phone | (713) 668-8636 | Fax | (713) 668-8187 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLINE OKPARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/17/2001 | <u>Owner Information</u> |
| License # | 007673 | | | | | CASSEL HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 10333 HARWIN DR STE 575 |
| Medicare 1: | 679085 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 988-9443 | Fax | (713) 988-9553 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA CASSEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2006 | <u>Owner Information</u> |
| License # | 011069 | | | | | CATALYST HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 223 WEST 25TH STREET |
| Medicare 1: | 457896 | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (713) 782-3000 | Fax | (713) 782-3038 | | | Services: |
| Type: | Parent Agency | Administrator | ZITA CHINYERE AGBARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/02/2002 | <u>Owner Information</u> |
| License # | 008131 | | | | | CATHY HOME CARE LTD |
| Lic Expire | 10/31/2019 | | | | | 7601 W SAM HOUSTON PKWY SOUTH SUITE #818 |
| Medicare 1: | 679216 | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (713) 779-8998 | Fax | (713) 779-8997 | | | Services: |
| Type: | Parent Agency | Administrator | CATHERINE PHAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/26/1999 | <u>Owner Information</u> |
| License # | 007085 | | | | | CONSOLIDATED COMMUNITY RESOURCES INC |
| Lic Expire | 07/31/2018 | | | | | 1314 COLONY LAKES DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (713) 596-9030 | Fax | (713) 596-9031 | | | Services: |
| Type: | Parent Agency | Administrator | E CHINYERE NWANNA | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/27/2008 | <u>Owner Information</u> |
| License # | 012076 | | | | | CEDER HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 9888 BISSONNET STREET SUITE #678 |
| Medicare 1: | 747333 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 800-7000 | Fax | (713) 800-7001 | | | Services: |
| Type: | Parent Agency | Administrator | OSAS ERIVO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/12/1993 | <u>Owner Information</u> |
| License # | 002522 | | | | | CENTRAL HOME HEALTH SERVICES OF TEXAS INC |
| Lic Expire | 04/30/2019 | | | | | 26515 WEDGEWOOD |
| Medicare 1: | 677668 | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (713) 461-5696 | Fax | (713) 461-5698 | | | Services: |
| Type: | Parent Agency | Administrator | WINSOME PATRICIA SPENCER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/27/2016 | <u>Owner Information</u> |
| License # | 017371 | | | | | CHAMPION HOSPICE |
| Lic Expire | 04/30/2018 | | | | | 17070 RED OAK DR. SUITE #503 |
| Medicare 1: | 741644 | | | | | HOUSTON, TX 77090 |
| Medicare 2: | | | | | | |
| Phone | (281) 444-6519 | Fax | (281) 444-3417 | | | Services: |
| Type: | Parent Agency | Administrator | SARDAR KHAN | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/03/2017 | <u>Owner Information</u> |
| License # | 018033 | | | | | CHAMPIONS SERENE COMFORT CARE HOSPICE |
| Lic Expire | 05/31/2019 | | | | | 12816 WILLOW CENTER DR SUITE E |
| Medicare 1: | | | | | | HOUSTON, TX 77066 |
| Medicare 2: | | | | | | |
| Phone | (281) 928-2442 | Fax | (281) 919-1124 | | | Services: |
| Type: | Parent Agency | Administrator | HINA F SIDDIQUI | | | Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/02/2004 | <u>Owner Information</u> |
| License # | 009191 | | | | | CHARLTON HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | P O BOX 36702 |
| Medicare 1: | | | | | | HOUSTON, TX 77236 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-2533 | Fax | (713) 271-3205 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES ANUMNU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/26/2005 | <u>Owner Information</u> |
| License # | 009927 | | | | | CHARLTON ANYAGAFU |
| Lic Expire | 08/31/2018 | | | | | 10039 BISSONNET STREET, SUITE #227 |
| Medicare 1: | 679544 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 484-8890 | Fax | (713) 484-8824 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLTON C ANYAGAFU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2007 | <u>Owner Information</u> |
| License # | 011391 | | | | | CHELSTON CARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 15923 WILLWAW DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 494-0906 | Fax | (281) 277-0664 | | | Services: |
| Type: | Parent Agency | Administrator | VERA U UZOMA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/26/2006 | <u>Owner Information</u> |
| License # | 010486 | | | | | CHEMIK HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 9555 W SAM HOUSTON PKWY SOUTH SUITE 340 |
| Medicare 1: | 747019 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 933-2902 | Fax | (281) 933-9608 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE NWACHUKWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/08/2012 | Owner Information |
| License # | 015322 | | | | | CHILDREN'S HOME CARE, LLC. |
| Lic Expire | 11/30/2018 | | | | | 14950 HEATHROW FOREST PARKWAY, STE #250 |
| Medicare 1: | | | | | | HOUSTON, TX 77032 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 921-2301 | Fax | (281) 921-2305 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DOROTHEA BROWN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/15/2016 | Owner Information |
| License # | 017629 | | | | | HOUSTON CHRISTIAN PERSONAL CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 14526 OLD KATY RD.. SUITE 96 |
| Medicare 1: | | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 413-3115 | Fax | (832) 408-7791 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUSTIN HARDMAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/28/2015 | Owner Information |
| License # | 016827 | | | | | CHRISTIAN PROVIDER SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 7322 SOUTHWEST FREEWAY SUITE 530 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (800) 891-2184 | Fax | (281) 988-5391 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL OKENDU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/16/2011 | Owner Information |
| License # | 013897 | | | | | FAISON & FAISON, LLC |
| Lic Expire | 02/28/2019 | | | | | 5625 FM 1960 ROAD WEST, SUITE #405 |
| Medicare 1: | | | | | | HOUSTON, TX 77069 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 801-6365 | Fax | (832) 286-4691 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | QUINTIN FAISON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/06/2016 | Owner Information |
| License # | 017386 | | | | | CHRISTMAS CHARITY, INC |
| Lic Expire | 05/31/2018 | | | | | 9131 GIANNA CT |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 877-6964 | Fax | (281) 946-8374 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSIE FENG MD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/21/2017 | Owner Information |
| License # | 018186 | | | | | CHRYSLIS SPECTRUM LIMITED LIABILITY COMPANY |
| Lic Expire | 07/31/2019 | | | | | 6819 PRAIRIE DUNES DR |
| Medicare 1: | | | | | | HOUSTON, TX 77069 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 918-9852 | Fax | (832) 442-5161 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALISA ELLIOT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/15/2016 | Owner Information |
| License # | 017883 | | | | | THE CHRYSOLYTE HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 4800 SUGAR GROVE SUITE 290 |
| Medicare 1: | 457888 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 774-9300 | Fax | (713) 774-9301 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUBODUN OLAGUNDOYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/17/2013 | Owner Information |
| License # | 015904 | | | | | CTW HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 4553 N LOOP 1604 W STE#1119 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 800-9902 | Fax | (713) 800-9903 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CHARLOTTE CHANDLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 06/08/2012 | <u>Owner Information</u> |
| License # | 014864 | | | | | CIRCLE OF CARE HOSPICE |
| Lic Expire | 06/30/2018 | | | | | 8202 KNURLED OAK LN |
| Medicare 1: | 671778 | | | | | SPRING, TX 77379 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 655-4990 | Fax | (281) 645-4656 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | APRIL ALLEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/31/2000 | <u>Owner Information</u> |
| License # | 007431 | | | | | CITIZEN CARE HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 6823 RIVER BLUFF |
| Medicare 1: | | | | | | HOUSTON, TX 77085 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 667-7202 | Fax | (713) 667-0712 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KUDY ADELAKUN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2016 | <u>Owner Information</u> |
| License # | 017814 | | | | | TRACY PRINCE |
| Lic Expire | 12/31/2018 | | | | | 12526 TAMBOURINE #C |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 474-6485 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRACY PRINCE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/07/2012 | <u>Owner Information</u> |
| License # | 015055 | | | | | CITYCARING HEALTHCARE, LLC |
| Lic Expire | 09/30/2018 | | | | | 9898 BISSONNET STREET, SUITE #325C |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 771-9900 | Fax | (713) 771-9902 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UCHENNA WATSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017610 | | | | | CLARKE HOME CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 18103 SUNFLOWER GROVE COURT |
| Medicare 1: | | | | | | HUMBLE, TX 77346 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 224-2554 | Fax | (713) 583-0359 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SONCERIA ROPER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/04/2014 | <u>Owner Information</u> |
| License # | 016210 | | | | | CLINICAL VIEW HOME HEALTH |
| Lic Expire | 02/28/2018 | | | | | 8866 GULF FREEWAY #390 |
| Medicare 1: | 679051 | | | | | HOUSTON, TX 77017 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 802-1443 | Fax | (713) 802-1355 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DELORES BOWMAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/27/2010 | <u>Owner Information</u> |
| License # | 013493 | | | | | CMD HOME HEALTH, INC |
| Lic Expire | 07/31/2018 | | | | | 6666 HARWIN, SUITE #510 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 974-7373 | Fax | (713) 589-8754 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGEL CHAVEZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/11/2007 | <u>Owner Information</u> |
| License # | 011248 | | | | | CNJ HOMECARE INC |
| Lic Expire | 04/30/2019 | | | | | 8700 COMMERCE PARK DR #105 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 685-0838 | Fax | (832) 767-2845 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCES OKAFOR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/28/2017 | <u>Owner Information</u> |
| License # | 018345 | | | | | CNN HOSPICE INC |
| Lic Expire | 09/30/2019 | | | | | 9950 WESPARK STE 644 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (281) 727-0947 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S. ADA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 03/31/2012 | <u>Owner Information</u> |
| License # | 014775 | | | | | HAN MA EUM INC |
| Lic Expire | 03/31/2018 | | | | | 10122 LONG POINT ROAD, SUITE 116 |
| Medicare 1: | 679000 | | | | | HOUSTON, TX 77043 |
| Medicare 2: | | | | | | |
| Phone | (713) 722-0035 | Fax | (713) 973-2097 | | | Services: |
| Type: | Parent Agency | Administrator | JISUK KIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/09/1996 | <u>Owner Information</u> |
| License # | 005445 | | | | | COASTAL MEDICAL SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 8303 SW FREEWAY SUITE 820 |
| Medicare 1: | 678086 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-8470 | Fax | (713) 771-8474 | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL SUNDAY JACK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2014 | <u>Owner Information</u> |
| License # | 015961 | | | | | COBARM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 14303 AUTOPARK WAY SUITE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 782-3536 | Fax | (832) 200-9084 | | | Services: |
| Type: | Parent Agency | Administrator | OLUREMILEKUN COLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | COBARM HEALTHCARE SERVICES INC |
| Lic Expire | | | | | | 14303 AUTOPARK WAY SUITE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 782-3536 | Fax | (832) 200-9084 | | | Services: |
| Type: | Parent Agency | Administrator | OLUREMILEKUN COLE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/05/2010 | <u>Owner Information</u> |
| License # | 013696 | | | | | CODIFIED MEDICAL SERVICES |
| Lic Expire | 11/30/2016 | | | | | 8227 WEDNESBURY LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 773-2443 | Fax | (713) 773-2443 | | | Services: |
| Type: | Parent Agency | Administrator | BENNETH OKPALA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/2006 | <u>Owner Information</u> |
| License # | 010926 | | | | | COLBY D HEALTHCARE INC |
| Lic Expire | 12/31/2018 | | | | | 9888 BISSONNET STREET, #670 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 563-4970 | Fax | (713) 774-1842 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGETTE DAVIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/28/2014 | <u>Owner Information</u> |
| License # | 016118 | | | | | COMFORT CHOICE HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 16123 TALONCREST DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 875-6037 | Fax | (832) 917-0675 | | | Services: |
| Type: | Parent Agency | Administrator | ROSALINE O ERHUNMWUNSEE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/09/2015 | Owner Information |
| License # | 013951 | | | | | COMFORT HOSPICE OF TEXAS, LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 99278 |
| Medicare 1: | | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 786-4216 | Fax | (855) 618-6655 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | PATRICIA GRAY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/05/2006 | Owner Information |
| License # | 010234 | | | | | THE LOVING CLARKS INCORPORATED |
| Lic Expire | 01/31/2019 | | | | | 2630 FOUNTAIN VIEW DRIVE #226 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 974-6920 | Fax | (713) 974-6922 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SELBY CLARK | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/14/2009 | Owner Information |
| License # | 012958 | | | | | PAINTER'S HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 10 MILLWRIGHT PLACE |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77382 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 218-7400 | Fax | (281) 218-7401 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOETTA WATSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/29/2016 | Owner Information |
| License # | 017524 | | | | | COMFORT PAS LLC |
| Lic Expire | 01/31/2018 | | | | | 10430 S. KIRKWOOD RD #123 |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 970-3883 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABDUL JANGDA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/18/2016 | Owner Information |
| License # | 017680 | | | | | COMFORTCARE HOMEHEALTH SERVICES LLC |
| Lic Expire | 10/31/2018 | | | | | 2305 HIGHWAY 6 SOUTH SUITE A |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 486-9642 | Fax | (832) 486-9732 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAMRUL ALAM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/22/2013 | Owner Information |
| License # | 016336 | | | | | COMFORTHOME HEALTH CARE, INC. |
| Lic Expire | 01/31/2019 | | | | | 8700 COMMERCE PARK DRIVE SUITE #125A |
| Medicare 1: | 679224 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 988-2434 | Fax | (713) 988-6247 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUEL NGOLE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/02/2012 | Owner Information |
| License # | 014557 | | | | | COMMUNICATION ESSENTIALS, LLC |
| Lic Expire | 01/31/2020 | | | | | 505 N SAM HOUSTON PARKWAY E, SUITE #615 |
| Medicare 1: | | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 484-3756 | Fax | (832) 324-7860 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MECA P GRANT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/09/2011 | Owner Information |
| License # | 014461 | | | | | COMPASS HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 7447 HARWIN DR #220 I |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 366-1225 | Fax | (713) 583-3585 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAIWO STANLEY SANGODEYI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/16/2002 | Owner Information |
| License # | 008059 | | | | | COMPASSIONATE CARE HOSPICE |
| Lic Expire | 08/31/2018 | | | | | 2040 NORTH LOOP WEST SUITE 320 |
| Medicare 1: | 451735 | | | | | HOUSTON, TX 77018 |
| Medicare 2: | | | | | | |
| Phone | (713) 667-3247 | Fax | (713) 688-0195 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGET WILSON | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 03/04/2014 | Owner Information |
| License # | 016274 | | | | | COMPASSIONATE HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 8700 COMMERCE PARK DRIVE SUITE 148 |
| Medicare 1: | 747231 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 501-2107 | Fax | (281) 501-2619 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL PREVOST | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/30/2015 | Owner Information |
| License # | 017277 | | | | | COMPREHENSIVE PLUS HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 5208 HARRISBURG BLVD SUITE B |
| Medicare 1: | 679274 | | | | | HOUSTON, TX 77011 |
| Medicare 2: | | | | | | |
| Phone | (774) 321-6020 | Fax | (774) 321-6023 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN MICHELLE HYDE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2008 | Owner Information |
| License # | 012395 | | | | | CONCEPT HEALTH SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 10333 HARWIN SUITE (120F) |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 701-9547 | Fax | (281) 468-1163 | | | Services: |
| Type: | Parent Agency | Administrator | CHINWE OBUKWELU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/08/2005 | Owner Information |
| License # | 009688 | | | | | CONFIDENT CARE HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 1616 VOSS, SUITE #625 |
| Medicare 1: | 677880 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (832) 242-3366 | Fax | (832) 242-3367 | | | Services: |
| Type: | Parent Agency | Administrator | JUAN CARLOS MAZORRA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/20/2013 | Owner Information |
| License # | 015496 | | | | | CONNECTCARE THERAPY FOR KIDS |
| Lic Expire | 02/28/2019 | | | | | 3000 RICHMOND AVE. SUITE 240 |
| Medicare 1: | | | | | | HOUSTON, TX 77098 |
| Medicare 2: | | | | | | |
| Phone | (832) 786-4679 | Fax | (713) 730-3651 | | | Services: |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/12/1994 | Owner Information |
| License # | 003258 | | | | | CONSOLIDATED COMMUNITY RESOURCES INC |
| Lic Expire | 09/30/2018 | | | | | 1314 COLONY LAKES DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (713) 596-9030 | Fax | (713) 596-9031 | | | Services: |
| Type: | Parent Agency | Administrator | E CHINYERE NWANNA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/15/2017 | Owner Information |
| License # | 018563 | | | | | CONTACT CARE HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 5433 WESTHEIMER RD STE 408 |
| Medicare 1: | 747226 | | | | | HOUSTON, TX 77056 |
| Medicare 2: | | | | | | |
| Phone | (832) 831-7042 | Fax | (832) 849-0932 | | | Services: |
| Type: | Parent Agency | Administrator | SEKINAT OLUWATOYIN BANJO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/09/1989 | Owner Information |
| License # | 003647 | | | | | CORAM ALTERNATE SITE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | ONE CVS DRIVE, MC #1160 |
| Medicare 1: | | | | | | WOONSOCKET, RI 02895 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 667-4010 | Fax | (713) 667-9304 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NELL JOHNSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/17/2004 | Owner Information |
| License # | 008970 | | | | | CORAZON HOMECARE INC |
| Lic Expire | 03/31/2019 | | | | | 4105 CHAPMAN |
| Medicare 1: | 673112 | | | | | HOUSTON, TX 77009 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 490-3222 | Fax | (713) 490-3555 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANGELICA VALDEZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/22/2016 | Owner Information |
| License # | 017236 | | | | | CORE MEDICAL SOLUTIONS LLC |
| Lic Expire | 01/31/2018 | | | | | 8323 SOUTHWEST FWY SUITE # 470 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 687-7039 | Fax | | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEMARIUS MCRAE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/24/2008 | Owner Information |
| License # | 011838 | | | | | CORNERSTONE COMMUNITY HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 19806 CAMPFIELD DRIVE |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 664-6100 | Fax | (713) 664-6103 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSALIND LEWINGS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/03/2011 | Owner Information |
| License # | 014449 | | | | | CORPUS CHRISITI HEALTH SOLUTIONS INC |
| Lic Expire | 11/30/2019 | | | | | 9950 WESTPARK DR STE 646 |
| Medicare 1: | 671706 | | | | | HOUSTON, TX 77053 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 784-2885 | Fax | (713) 784-2848 | | | Hospice |
| Type: | Parent Agency | Administrator | JOEL ADA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/30/2008 | Owner Information |
| License # | 012284 | | | | | COSMEC HEALTH CARE RESOURCE INC |
| Lic Expire | 10/31/2018 | | | | | 8202 ASH GARDEN CT |
| Medicare 1: | 747369 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 980-2977 | Fax | (281) 242-2265 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA CHIOMA IGWE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2015 | Owner Information |
| License # | 016619 | | | | | COUNTY HEALTHCARE INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 13111 WESTHEIMER RD SUITE 121 |
| Medicare 1: | 747400 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 541-4000 | Fax | (713) 785-1633 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHUDY NSOBUNDU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/29/2010 | Owner Information |
| License # | 013587 | | | | | CREATION HEALTH MANAGEMENT, INC |
| Lic Expire | 09/30/2018 | | | | | 9207 COUNTRY CREEK DRIVE, #209A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 793-9211 | Fax | (713) 773-0941 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HOPE ADODO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/01/1999 | Owner Information |
| License # | 007119 | | | | | HOPE ADODO |
| Lic Expire | 08/31/2018 | | | | | 9207 COUNTRY CREEK DRIVE SUITE #209 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 773-0808 | Fax | (713) 773-0941 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HOPE ADODO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/23/2008 | Owner Information |
| License # | 012025 | | | | | A+ CRESCENT HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 11251 NORTHWEST FREEWAY STE 470 |
| Medicare 1: | 747345 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 414-5837 | Fax | (713) 337-5460 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALTAF N VISRAM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/18/2013 | Owner Information |
| License # | 015935 | | | | | CRISTOS HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 10998 S WILCREST DR STE 122 |
| Medicare 1: | 747933 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 672-8194 | Fax | (832) 672-8136 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARYANNE OMOREBOKHAE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/21/2005 | Owner Information |
| License # | 010231 | | | | | CUN HEALTH NET INC |
| Lic Expire | 11/30/2019 | | | | | 7207 SKYLIGHT LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 859-5937 | Fax | (281) 861-6743 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | UCHE OKEKE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/07/2007 | Owner Information |
| License # | 011856 | | | | | CUSTOMIZED HEALTH CARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 2600 SOUTH LOOP WEST SUITE 435 |
| Medicare 1: | 747000 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 532-0838 | Fax | (832) 532-0832 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | QUEEN OZIGBOH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/22/2016 | Owner Information |
| License # | 017283 | | | | | CY-CREEK HEALTHCARE SERVICES, INC. |
| Lic Expire | 02/28/2018 | | | | | 10610 DUKE OF YORK COURT |
| Medicare 1: | | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 287-1879 | Fax | (832) 672-6136 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLINE C AZUOGU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/25/2014 | Owner Information |
| License # | 016445 | | | | | DAILY CARE COMPANIONS LLC |
| Lic Expire | 09/30/2018 | | | | | 6363 RICHMOND AVE SUITE 318 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 819-0401 | Fax | (713) 583-5323 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SERA IYANOYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/02/2015 | Owner Information |
| License # | 017020 | | | | | DAISY CHILDREN'S HOMEHEALTH, LLC |
| Lic Expire | 04/30/2019 | | | | | 17314 SH 249 SUITE 230 |
| Medicare 1: | | | | | | HOUSTON, TX 77064 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 895-3400 | Fax | (832) 895-0293 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHERYL DEE JOHNSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/11/2011 | Owner Information |
| License # | 014409 | | | | | DAYSRING HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 10590 WESTOFFICE DR. STE #105A |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (281) 881-9131 | Fax | (713) 271-2298 | | | Services: |
| Type: | Parent Agency | Administrator | OMOYEME OBEAHON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/11/2010 | Owner Information |
| License # | 013306 | | | | | DDF HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 8300 BISSONNET SUITE 460J |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 240-8436 | Fax | (281) 815-2123 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET O ODUNUGA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/22/2016 | Owner Information |
| License # | 017474 | | | | | DEAF BLIND SERVICES OF TEXAS LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 150644 |
| Medicare 1: | | | | | | LUFKIN, TX 75915 |
| Medicare 2: | | | | | | |
| Phone | (832) 526-6617 | Fax | (832) 487-1727 | | | Services: |
| Type: | Parent Agency | Administrator | HEIDI MAY | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/09/2005 | Owner Information |
| License # | 009898 | | | | | DEBOK HEALTHCARE INC |
| Lic Expire | 08/31/2019 | | | | | 16000 PARK TEN PLACE STE 9021 |
| Medicare 1: | 677988 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (713) 954-9500 | Fax | (713) 954-9506 | | | Services: |
| Type: | Parent Agency | Administrator | OLADELE RAUFU KOLAPO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/04/2005 | Owner Information |
| License # | 010018 | | | | | DECENCY HOME HEALTH CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 8323 SOUTHWEST FREEWAY #270 |
| Medicare 1: | 679521 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (832) 646-7096 | Fax | (713) 270-4110 | | | Services: |
| Type: | Parent Agency | Administrator | JOY EDE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/24/2015 | Owner Information |
| License # | 016766 | | | | | FAMILIA HEALTHCARE SERVICES, INC |
| Lic Expire | 04/30/2019 | | | | | 9888 BISSONNET STREET SUITE 450-E |
| Medicare 1: | 741598 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (361) 723-0210 | Fax | (361) 723-0212 | | | Services: |
| Type: | Parent Agency | Administrator | ANDRES ELIZONDO | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/19/2009 | Owner Information |
| License # | 012662 | | | | | DENALI HEALTHCARE INC |
| Lic Expire | 06/30/2019 | | | | | 8903 ALTAMONT DR |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (979) 453-0362 | Fax | (866) 531-5573 | | | Services: |
| Type: | Parent Agency | Administrator | YVONNE D OLUSI | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/07/2006 | Owner Information |
| License # | 010511 | | | | | DE'ROSS HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 7442 SAN BENITO DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-2440 | Fax | (713) 783-2460 | | | Services: |
| Type: | Parent Agency | Administrator | ROSELINE GREEN | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/25/2016 | Owner Information |
| License # | 017707 | | | | | DESIGNED WITH LOVING CARE HOME HEALTH, LLC |
| Lic Expire | 10/31/2018 | | | | | 507 N SAM HOUSTON PKWY STE 586 |
| Medicare 1: | | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | |
| Phone | (832) 893-5816 | Fax | (832) 893-5816 | | | Services: |
| Type | Parent Agency | Administrator | TAMMY TAYLOR | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/22/2005 | Owner Information |
| License # | 009792 | | | | | DESTINY CARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 8515 FONDREN ROAD SUITE 260 |
| Medicare 1: | 679449 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 785-4800 | Fax | (713) 785-4806 | | | Services: |
| Type | Parent Agency | Administrator | CALLISTA DAVIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/24/2009 | Owner Information |
| License # | 013977 | | | | | DESTINY HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 10101 HARWIN DRIVE SUITE 220 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-3878 | Fax | (713) 541-3879 | | | Services: |
| Type | Parent Agency | Administrator | ALEXANDER ONYRIOHA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/19/2008 | Owner Information |
| License # | 012310 | | | | | DESTINY HOME HEALTH AGENCY, INC |
| Lic Expire | 11/30/2018 | | | | | 3300 SOUTH GESSNER, SUITE #114 |
| Medicare 1: | 747407 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 782-7400 | Fax | (713) 782-7402 | | | Services: |
| Type | Parent Agency | Administrator | LORETTA ILOCHI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/2016 | Owner Information |
| License # | 017505 | | | | | DEVOTED LOVING CARE INC |
| Lic Expire | 07/31/2018 | | | | | 9898 BISSONNET ST SUITE 430-O |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (346) 571-2190 | Fax | (346) 571-2161 | | | Services: |
| Type | Parent Agency | Administrator | VIVIAN M. KIFFA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/16/2003 | Owner Information |
| License # | 008553 | | | | | DEVOTION HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 12802 MIRIAM LANE |
| Medicare 1: | 679446 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 723-3600 | Fax | (713) 723-3622 | | | Services: |
| Type | Parent Agency | Administrator | TAWAKALITU ADEBISI LAWRENCE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2009 | Owner Information |
| License # | 013218 | | | | | DHS HEALTHCARE INC |
| Lic Expire | 12/31/2017 | | | | | 6001 SAVOY DRIVE, SUITE #201 |
| Medicare 1: | 673102 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 784-6400 | Fax | (713) 784-6426 | | | Services: |
| Type | Parent Agency | Administrator | JOYCE N AGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/27/2001 | Owner Information |
| License # | 007796 | | | | | DIAMOND HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 14780 MEMORIAL DRIVE SUITE 202C |
| Medicare 1: | 679112 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (281) 920-9805 | Fax | (281) 920-9812 | | | Services: |
| Type | Parent Agency | Administrator | SHANA K DUGAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/02/2017 | Owner Information |
| License # | 018086 | | | | | DIAMOND HOSPICE LLC |
| Lic Expire | 06/30/2019 | | | | | 6260 WESTPARK DRIVE, SUITE 250 |
| Medicare 1: | 741694 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (832) 925-7573 | Fax | (832) 925-7573 | | | Services: |
| Type: | Parent Agency | Administrator | MUAZ WAQIALLA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/05/2012 | Owner Information |
| License # | 015117 | | | | | DIAMOND PERSONAL CAREGIVERS, INC. |
| Lic Expire | 10/31/2018 | | | | | P.O. BOX 770366 |
| Medicare 1: | | | | | | HOUSTON, TX 77215 |
| Medicare 2: | | | | | | |
| Phone | (281) 605-0781 | Fax | (888) 510-5291 | | | Services: |
| Type: | Parent Agency | Administrator | CHINYERE TARVER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/22/2016 | Owner Information |
| License # | 017619 | | | | | DIGNIFIED NURSING HOME HEALTH CARE AGENCY, LLC. |
| Lic Expire | 06/30/2018 | | | | | 3229 HOUSTON AVENUE |
| Medicare 1: | 747482 | | | | | HOUSTON, TX 77009 |
| Medicare 2: | | | | | | |
| Phone | (281) 920-3100 | Fax | (281) 920-0700 | | | Services: |
| Type: | Parent Agency | Administrator | TELLY ALKHEDER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2016 | Owner Information |
| License # | 017432 | | | | | NORTH AMERICAN HOSPICE INC |
| Lic Expire | 02/28/2018 | | | | | 440 BENMAR DRIVE SUITE 1010 |
| Medicare 1: | 671664 | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | |
| Phone | (832) 306-3105 | Fax | (832) 306-3106 | | | Services: |
| Type: | Parent Agency | Administrator | SATHYAJITH NAIR | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 02/11/2010 | Owner Information |
| License # | 013237 | | | | | DIMENSION HEALTHCARE SERVICES INC. |
| Lic Expire | 02/28/2018 | | | | | 7111 HARWIN DRIVE, SUITE #216 |
| Medicare 1: | 679212 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 484-6900 | Fax | (713) 484-6902 | | | Services: |
| Type: | Parent Agency | Administrator | EZIAKONWA MELODY ODUNZE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/04/2014 | Owner Information |
| License # | 016400 | | | | | BLESSING USIFOH |
| Lic Expire | 02/28/2018 | | | | | 11211 KATY FREEWAY SUITE 260 |
| Medicare 1: | 679030 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (713) 932-0407 | Fax | (713) 932-0442 | | | Services: |
| Type: | Parent Agency | Administrator | BLESSING USIFOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/19/2017 | Owner Information |
| License # | 018012 | | | | | DIRECT HOSPICE CARE INC |
| Lic Expire | 04/30/2019 | | | | | 2855 MANGUM RD STE 563 |
| Medicare 1: | | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | |
| Phone | (832) 649-4236 | Fax | (866) 481-4310 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA LUISA WHEELER | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/16/2013 | Owner Information |
| License # | 007556 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 11/30/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (713) 888-0522 | Fax | (844) 833-0713 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLES "CD" CRADY | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 04/05/2017 | Owner Information |
| License # | 017316 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 03/31/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-0522 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PHILLEATRO RILES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/15/2003 | Owner Information |
| License # | 008421 | | | | | QUINDIARA CORPORATION |
| Lic Expire | 04/30/2016 | | | | | 8700 COMMERCE PARK #231 |
| Medicare 1: | 679397 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 771-5535 | Fax | (713) 771-5516 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TONY UBAKA MORAH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/2016 | Owner Information |
| License # | 017752 | | | | | DIVINE HANDS HEALTHCARE CORPORATION |
| Lic Expire | 03/31/2020 | | | | | 2656 SOUTH LOOP WEST #525 |
| Medicare 1: | 747127 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 674-0142 | Fax | (713) 674-0326 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH EGEDE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/24/2017 | Owner Information |
| License # | 018193 | | | | | J DIVINE, LLC. |
| Lic Expire | 07/31/2019 | | | | | 5743 FARWELL DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 207-5272 | Fax | (713) 485-0804 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GWENDOLYN JACKSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/10/2006 | Owner Information |
| License # | 010672 | | | | | DIVINE NURSING SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 16000 PARK TEN PL SUITE#404 |
| Medicare 1: | 679634 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 647-2424 | Fax | (832) 321-5794 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PHILLIP AYODELE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2010 | Owner Information |
| License # | 013159 | | | | | DIVINE PROFESSIONALS HEALTHCARE INC |
| Lic Expire | 03/31/2018 | | | | | 7324 SOUTHWEST FREEWAY, STE 820 |
| Medicare 1: | 747606 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 987-1984 | Fax | (832) 539-1952 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICK ILOANYA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/03/2014 | Owner Information |
| License # | 016460 | | | | | DOLRAC HEALTHCARE SERVICES, INC. |
| Lic Expire | 10/31/2016 | | | | | 3839 MISTISSIN LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77053 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 589-7100 | Fax | (713) 433-7060 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLINE OMOTOSO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/29/2008 | Owner Information |
| License # | 011904 | | | | | DREAMS HOME HEALTHCARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 14780 MEMORIAL DRIVE SUITE 206B |
| Medicare 1: | 747194 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 589-8134 | Fax | (281) 589-8144 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NIK AFSAR MOTAZEDIAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/22/2012 | Owner Information |
| License # | 015150 | | | | | DUNAMIS HOME CARE, LLC |
| Lic Expire | 10/31/2018 | | | | | 7402 BERING LANDING DRIVE |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 777-4994 | Fax | (281) 815-7172 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDITH WILLIAMS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/19/2011 | Owner Information |
| License # | 013836 | | | | | DURACARE HOME HEALTH SERVICES, INC. |
| Lic Expire | 01/31/2019 | | | | | 6250 WESTPARK, SUITE #131 |
| Medicare 1: | 747758 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 782-0551 | Fax | (713) 782-0615 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTIAN ZEIGBO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/17/2017 | Owner Information |
| License # | 018062 | | | | | DYNAMIC CARE HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 7447 HARWIN DRIVE SUITE 101 |
| Medicare 1: | 679745 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 320-4951 | Fax | (346) 320-4953 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | GLORIA OGUNTUASE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/23/2010 | Owner Information |
| License # | 013860 | | | | | ULTIMATE PEDIATRIC CARE INC |
| Lic Expire | 08/31/2018 | | | | | 8313 SOUTHWEST FREEWAY, SUITE #239 |
| Medicare 1: | 459399 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-9010 | Fax | (713) 271-0843 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCY NIMS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/07/2006 | Owner Information |
| License # | 010856 | | | | | EAGLES TRACE HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 14703 EAGLE VISTA DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 249-7130 | Fax | (281) 249-7358 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHRYN REYES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/15/2017 | Owner Information |
| License # | 018322 | | | | | EASTGATE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 9100 SOUTHWEST FREEWAY SUITE 249 |
| Medicare 1: | 747448 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 466-6980 | Fax | (832) 466-6978 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHINEDU E OKWARA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/29/2014 | Owner Information |
| License # | 016770 | | | | | EDEN HEALTHCARE LLC |
| Lic Expire | 12/31/2018 | | | | | 8203 WILLOW PLACE SOUTH STE 220 |
| Medicare 1: | 677975 | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 414-5438 | Fax | (713) 414-5439 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TONYA MURPHY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/14/2015 | Owner Information |
| License # | 017025 | | | | | EDEN HOSPICE CARE SERVICES, INC. |
| Lic Expire | 09/30/2019 | | | | | 9950 WESTPARK DRIVE SUITE #644 |
| Medicare 1: | 741683 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 727-0937 | Fax | (281) 564-7326 | | | Hospice |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/31/2006 | Owner Information |
| License # | 010365 | | | | | EDICARE PROFESSIONAL HEALTHCARE SERVICES, INC. |
| Lic Expire | 03/31/2018 | | | | | 2000DAIRY ASHFORD, SUITE #305 |
| Medicare 1: | 679585 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (281) 568-4573 | Fax | (281) 879-8411 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA OKERE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/08/2011 | Owner Information |
| License # | 014023 | | | | | EDIHUMBLE HOME HEALTHCARE, INC |
| Lic Expire | 04/30/2019 | | | | | 12430 SOUTH GARDEN STREET |
| Medicare 1: | 747833 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 429-4161 | Fax | (713) 771-1349 | | | Services: |
| Type: | Parent Agency | Administrator | EDITH UHEGWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/24/2015 | Owner Information |
| License # | 016878 | | | | | EDITION HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 9894 BISSONNETT STREET SUITE 100N |
| Medicare 1: | 741640 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 981-4334 | Fax | (713) 981-4336 | | | Services: |
| Type: | Parent Agency | Administrator | MARY JANE DURUJI | | | Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/21/2017 | Owner Information |
| License # | 018320 | | | | | EFFICIENT HOME CARE, INC. |
| Lic Expire | 08/31/2019 | | | | | 9888 BISSONNET STREET SUITE 680 |
| Medicare 1: | 459165 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 922-1337 | Fax | (281) 922-1399 | | | Services: |
| Type: | Parent Agency | Administrator | ROSA DAVIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/13/1993 | Owner Information |
| License # | 001536 | | | | | ELDERLY HOME HEALTH CARE INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 41822 |
| Medicare 1: | | | | | | HOUSTON, TX 77241 |
| Medicare 2: | | | | | | |
| Phone | (713) 956-8183 | Fax | (713) 956-6623 | | | Services: |
| Type: | Parent Agency | Administrator | CLARICE RAY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/03/2016 | Owner Information |
| License # | 018515 | | | | | ELIK DIALYSIS HOME THERAPY - MEMORIAL INC |
| Lic Expire | 06/30/2018 | | | | | 1445 NORTH LOOP WEST SUITE #720 |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (713) 861-7500 | Fax | (713) 861-7500 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA BROOKS | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 09/28/2017 | Owner Information |
| License # | 018349 | | | | | ELIK DIALYSIS HOME THERAPY - MEMORIAL II LLC |
| Lic Expire | 09/30/2019 | | | | | 1445 NORTHLOOP W SUITE#740 |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (713) 861-7500 | Fax | (713) 861-7502 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA BROOKS | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 02/09/2016 | Owner Information |
| License # | 017373 | | | | | ELITE VINTAGE HEALTH CARE, LLC |
| Lic Expire | 02/28/2018 | | | | | 9898 BISSONNET STREET SUITE 430N |
| Medicare 1: | 747785 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 888-8962 | Fax | (281) 949-6119 | | | Services: |
| Type: | Parent Agency | Administrator | MARSHALL FINTAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/10/2005 | Owner Information |
| License # | 009581 | | | | | OKORIE U OKO |
| Lic Expire | 02/28/2018 | | | | | 9888 BISSONNET STE 100 F |
| Medicare 1: | 677970 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 776-9399 | Fax | (713) 776-3994 | | | Services: |
| Type: | Parent Agency | Administrator | OKORIE OKO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/11/1999 | Owner Information |
| License # | 007009 | | | | | EL-SHADDAI CARE SERVICES, INC. |
| Lic Expire | 06/30/2018 | | | | | 7707 FAWN TERRACE |
| Medicare 1: | | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 728-2677 | Fax | (713) 728-8226 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE C OZOUGWU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/16/2005 | Owner Information |
| License # | 009591 | | | | | EMANGY HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 8707 PALM VALLEY CT |
| Medicare 1: | 677959 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 556-5555 | Fax | (281) 556-5546 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA OPARA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/25/2002 | Owner Information |
| License # | 008175 | | | | | EMMACO HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 2211 WAR ADMIRAL DRIVE |
| Medicare 1: | 679385 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 777-2376 | Fax | (713) 777-2333 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL C ANYANWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/19/1996 | Owner Information |
| License # | 004350 | | | | | EMMANUEL HEALTH HOMECARE INC |
| Lic Expire | 03/31/2019 | | | | | 7015 W TIDWELL #G110 |
| Medicare 1: | | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | |
| Phone | (713) 939-0400 | Fax | (713) 939-0441 | | | Services: |
| Type: | Parent Agency | Administrator | JOYCE A JONES | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/18/2013 | Owner Information |
| License # | 015632 | | | | | EMPATHY HEALTH CARE INC |
| Lic Expire | 02/28/2019 | | | | | 8200 WEDNESBURY LN, SUITE 405 |
| Medicare 1: | 457850 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (281) 974-3164 | Fax | (281) 974-3934 | | | Services: |
| Type: | Parent Agency | Administrator | GERALD OSISI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/19/2004 | Owner Information |
| License # | 008919 | | | | | EMPATHY HOME HEALTH SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 8103 BELLAIRE BLVD |
| Medicare 1: | 673147 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 774-0490 | Fax | (713) 774-0499 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTOPHER C ORJI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/15/2015 | Owner Information |
| License # | 016939 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 04/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 679137 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (281) 861-6635 | Fax | (281) 861-7297 | | | Services: |
| Type: | Parent Agency | Administrator | LISA HILBURN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2005 | <u>Owner Information</u> |
| License # | 009508 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 12/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 678260 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 484-7070 | Fax | (281) 484-7098 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | AMBER RIEDER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2008 | <u>Owner Information</u> |
| License # | 012241 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 08/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 673134 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 683-1021 | Fax | (713) 683-1020 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | AMBER RIEDER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/29/2013 | <u>Owner Information</u> |
| License # | 015693 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 671703 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 476-0270 | Fax | (713) 476-0258 | | | Hospice |
| Type: | Parent Agency | Administrator | TRACI COOPER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/21/2009 | <u>Owner Information</u> |
| License # | 012553 | | | | | ENCORE CAREGIVERS LTD |
| Lic Expire | 04/30/2019 | | | | | 715 HIGHGROVE PARK |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 686-2233 | Fax | (713) 686-9200 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MILTON SCHOPPER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/12/2017 | <u>Owner Information</u> |
| License # | 018102 | | | | | ENVISION FOR LIFE HEALTHCARE INC |
| Lic Expire | 06/30/2019 | | | | | 14461 STILL MEADOW DR |
| Medicare 1: | | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 931-3376 | Fax | (832) 931-3376 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTORIA OKON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/02/2012 | <u>Owner Information</u> |
| License # | 014986 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 253-1188 | Fax | (832) 253-1181 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HOMER DEL TORO JR | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/07/2012 | <u>Owner Information</u> |
| License # | 015026 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 575-2000 | Fax | (713) 575-2031 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RICARDO CAMPUZANO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/26/2011 | <u>Owner Information</u> |
| License # | 014985 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 979-3800 | Fax | (713) 979-3806 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AARON BURRIS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/30/2004 | Owner Information |
| License # | 008892 | | | | | ESSENCE HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 10101 HARWIN SUITE 190 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 778-0523 | Fax | (713) 778-0009 | | | Services: |
| Type: | Parent Agency | Administrator | ALEXANDER ONYIRIOHA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2017 | Owner Information |
| License # | 018365 | | | | | ESSENTIAL HOSPICE AND PALLIATIVE SERVICES, LLC. |
| Lic Expire | 06/30/2019 | | | | | 1002 GEMINI STREET, SUITE#116 |
| Medicare 1: | 741572 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | |
| Phone | (832) 224-4756 | Fax | (832) 284-4145 | | | Services: |
| Type: | Parent Agency | Administrator | MARY A. JAMES | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 02/10/1997 | Owner Information |
| License # | 005283 | | | | | ETERNAL HEALTHCARE CENTER INC |
| Lic Expire | 02/28/2018 | | | | | 7457 HARWIN, SUITE #251 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-8507 | Fax | (713) 783-8514 | | | Services: |
| Type: | Parent Agency | Administrator | LORETTA OKUNGBOWA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/30/2003 | Owner Information |
| License # | 008533 | | | | | EVANGEL HEALTHCARE CHARITIES INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 35447 |
| Medicare 1: | 679493 | | | | | HOUSTON, TX 77235 |
| Medicare 2: | | | | | | |
| Phone | (713) 432-7330 | Fax | (713) 432-7331 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY IROH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/22/2006 | Owner Information |
| License # | 010477 | | | | | EVANGEL HEALTHCARE CHARITIES INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 35447 |
| Medicare 1: | 671568 | | | | | HOUSTON, TX 77235 |
| Medicare 2: | | | | | | |
| Phone | (713) 923-5765 | Fax | (713) 921-0008 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY IROH | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 11/12/2009 | Owner Information |
| License # | 012997 | | | | | EVANGEL HEALTHCARE CHARITIES INC |
| Lic Expire | 11/30/2017 | | | | | PO BOX 35447 |
| Medicare 1: | | | | | | HOUSTON, TX 77235 |
| Medicare 2: | | | | | | |
| Phone | (713) 923-6620 | Fax | (713) 921-0008 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY IROH | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2012 | Owner Information |
| License # | 015336 | | | | | EVANGEL PHC SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 35447 |
| Medicare 1: | | | | | | HOUSTON, TX 77235 |
| Medicare 2: | | | | | | |
| Phone | (713) 923-6620 | Fax | (713) 921-0008 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY IROH | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/29/2016 | Owner Information |
| License # | 017376 | | | | | EVERCARE HOSPICE INC |
| Lic Expire | 04/30/2018 | | | | | 6201 BONHOMME ROAD, SUITE 181N |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 802-8927 | Fax | (281) 860-2030 | | | Services: |
| Type: | Parent Agency | Administrator | SHERRIA BELL | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/03/2014 | Owner Information |
| License # | 016349 | | | | | EVERGREEN HEALTHCARE SERVICES, INC. |
| Lic Expire | 06/30/2018 | | | | | 9788 CLAREWOOD DRIVE, SUITE #206 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 777-1991 | Fax | (713) 777-1980 | | | Services: |
| Type: | Parent Agency | Administrator | DOLORES E CU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/24/2014 | Owner Information |
| License # | 016541 | | | | | EVERGREEN PRIVATE CARE OF HOUSTON LLC |
| Lic Expire | 11/30/2018 | | | | | 7171 HWY 6 N #108 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (281) 320-1856 | Fax | (281) 320-1886 | | | Services: |
| Type: | Parent Agency | Administrator | STARR ZOLTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/18/2010 | Owner Information |
| License # | 013330 | | | | | EVEROSE HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 11200 WESTHEIMER ROAD SUITE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-1511 | Fax | (713) 782-1530 | | | Services: |
| Type: | Parent Agency | Administrator | TED NGUYEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/09/1997 | Owner Information |
| License # | 005652 | | | | | DEAVRA ARPEGE DAUGHTRY |
| Lic Expire | 06/30/2019 | | | | | 956 NORTH FREEWAY |
| Medicare 1: | | | | | | HOUSTON, TX 77037 |
| Medicare 2: | | | | | | |
| Phone | (713) 697-9235 | Fax | (713) 697-9406 | | | Services: |
| Type: | Parent Agency | Administrator | DEAVRA DAUGHTRY | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/26/2007 | Owner Information |
| License # | 011766 | | | | | ELIZABETH EVBUOMWAN |
| Lic Expire | 06/30/2017 | | | | | 15930 MISTY HEATH LANE |
| Medicare 1: | 743148 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 550-8516 | Fax | (281) 463-0283 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH EVBUOMWAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/12/2009 | Owner Information |
| License # | 012502 | | | | | ABACUS HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 1322 SPACE PARK DRIVE SUITE C-136 |
| Medicare 1: | 747576 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | |
| Phone | (281) 333-0100 | Fax | (281) 333-0102 | | | Services: |
| Type: | Parent Agency | Administrator | BRETT SOUCEK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/28/2002 | Owner Information |
| License # | 007881 | | | | | EXCELS HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 9898 BISSONNET #388 |
| Medicare 1: | 679068 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-8826 | Fax | (713) 771-8846 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVANUS OKON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/09/2017 | Owner Information |
| License # | 018440 | | | | | EXCEPTIONAL ADULT SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 11810 DUANE STREET |
| Medicare 1: | | | | | | HOUSTON, TX 77047 |
| Medicare 2: | | | | | | |
| Phone | (281) 660-1520 | Fax | (855) 368-5322 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES M. DUGAR | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/16/2002 | Owner Information |
| License # | 008250 | | | | | EXHH HOME HEALTH INC |
| Lic Expire | 12/31/2018 | | | | | 1830 SOUTH KIRKWOOD #201 |
| Medicare 1: | 679257 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (281) 679-1566 | Fax | (281) 749-8153 | | | Services: |
| Type: | Parent Agency | Administrator | ALEX GOLOVINE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/31/2010 | Owner Information |
| License # | 013200 | | | | | EXECUTIVE THERAPY AND EDUCATIONAL SERVICES, INC. |
| Lic Expire | 03/31/2018 | | | | | 2646 S. LOOP WEST, SUITE #400 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 432-7900 | Fax | (713) 432-7902 | | | Services: |
| Type: | Parent Agency | Administrator | GINA HARRIS | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/30/2014 | Owner Information |
| License # | 016588 | | | | | EXTENDED FAMILY INC |
| Lic Expire | 12/31/2018 | | | | | 201 LEONARD STREET |
| Medicare 1: | | | | | | BREAUX BRIDGE, LA 70517 |
| Medicare 2: | | | | | | |
| Phone | (832) 538-1467 | Fax | (337) 332-0072 | | | Services: |
| Type: | Parent Agency | Administrator | NEIKESHA KEMP | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/15/2005 | Owner Information |
| License # | 009965 | | | | | EXTENDED HAND HOME HEALTH CARE INC |
| Lic Expire | 09/30/2019 | | | | | 6201 BONHOMME RD SUITE #290 NK |
| Medicare 1: | 677965 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 972-9563 | Fax | (281) 915-5457 | | | Services: |
| Type: | Parent Agency | Administrator | TORSHALLA WARREN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/2014 | Owner Information |
| License # | 016301 | | | | | EXTENDED HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 13619 TONNOCHY DRIVE |
| Medicare 1: | 747938 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 216-2555 | Fax | (877) 915-1555 | | | Services: |
| Type: | Parent Agency | Administrator | KENNEDY OBANOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/11/2005 | Owner Information |
| License # | 009624 | | | | | AXER CORPORATION |
| Lic Expire | 03/31/2019 | | | | | 3427 KENNONVIEW DRIVE |
| Medicare 1: | 677953 | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (832) 484-8203 | Fax | (832) 484-8204 | | | Services: |
| Type: | Parent Agency | Administrator | REGINA A JAVIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/19/2008 | Owner Information |
| License # | 012360 | | | | | EYES OF HOPE HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | 4304 HARE STREET |
| Medicare 1: | 747217 | | | | | HOUSTON, TX 77020 |
| Medicare 2: | | | | | | |
| Phone | (713) 678-7686 | Fax | (713) 678-7687 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE TURNER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/1998 | Owner Information |
| License # | 006605 | | | | | F K BOLD HEALTHCARE, INC. |
| Lic Expire | 01/31/2020 | | | | | 10103 FONDREN ROAD, SUITE #310 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 782-3558 | Fax | (713) 782-3624 | | | Services: |
| Type: | Parent Agency | Administrator | OLUGBEMISOLA OLAOYE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/26/2006 | Owner Information |
| License # | 010260 | | | | | FACE TO FACE HEALTHCARE SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 2616 SOUTH LOOP WEST SUITE 230 |
| Medicare 1: | 679763 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 432-7700 | Fax | (713) 432-7703 | | | Services: |
| Type: | Parent Agency | Administrator | CHUKWUJI UDENKWO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/07/2011 | Owner Information |
| License # | 014577 | | | | | FAITH FOUNDATION, INC. |
| Lic Expire | 11/30/2019 | | | | | 8431 ASHFORD GREEN LANE |
| Medicare 1: | 747184 | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (832) 814-3048 | Fax | (281) 564-1509 | | | Services: |
| Type: | Parent Agency | Administrator | OYEBOLA PATRICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/02/2006 | Owner Information |
| License # | 010417 | | | | | ASIMIYU OLADAYO OLATAYO |
| Lic Expire | 05/31/2018 | | | | | 8700 COMMERCE PARK DRIVE SUITE #119 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 807-1450 | Fax | (832) 426-4454 | | | Services: |
| Type: | Parent Agency | Administrator | ASIMIYU OLATAYO | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/13/2009 | Owner Information |
| License # | 012705 | | | | | FAMCARE HOME HEALTH SERVICES, INC. |
| Lic Expire | 07/31/2019 | | | | | 8230 MISSION ESTATES DRIVE |
| Medicare 1: | 747563 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 641-9978 | Fax | (281) 302-6603 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY OBANOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/27/2012 | Owner Information |
| License # | 014707 | | | | | ABSF LLC |
| Lic Expire | 03/31/2018 | | | | | 2500 TANGLEWILDE STREET, SUITE #478 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 333-9991 | Fax | (713) 333-9995 | | | Services: |
| Type: | Parent Agency | Administrator | KEVIN BAXTER | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/23/2018 | Owner Information |
| License # | 018571 | | | | | FASHCARES HEALTH SERVICES, LLC |
| Lic Expire | 01/31/2020 | | | | | 12500 BROOKGLADE CIR #173 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (832) 428-4011 | Fax | (832) 428-4011 | | | Services: |
| Type: | Parent Agency | Administrator | YINKA USMAN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2003 | Owner Information |
| License # | 008943 | | | | | FAVOR HEALTHCARE INC |
| Lic Expire | 12/31/2019 | | | | | 7457 HARWIN DRIVE SUITE 118 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 974-1981 | Fax | (713) 980-6844 | | | Services: |
| Type: | Parent Agency | Administrator | MARIE ANOTOINETTE LOPEZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/02/2014 | Owner Information |
| License # | 015944 | | | | | FAVOR HOME CARE, INC. |
| Lic Expire | 01/31/2018 | | | | | 9719 HUNTINGTON WAY DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (713) 480-7759 | Fax | (832) 529-2695 | | | Services: |
| Type: | Parent Agency | Administrator | ADAEZE MARY IFEANYI | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|-------------------------------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/05/2008 | <u>Owner Information</u> |
| License # | 011911 | | | FCC OF TEXAS | | FAVOR COMMUNITY CARE OF TEXAS INC |
| Lic Expire | 03/31/2018 | | | 10333 HARWIN DRIVE SUITE #512 | | 10333 HARWIN DRIVE SUITE #512 |
| Medicare 1: | | | | HOUSTON, TX 77036 | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 545-9900 | Fax | (281) 545-9901 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HENRY NWAKAEGO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2014 | <u>Owner Information</u> |
| License # | 016271 | | | FEATHERLAND HOSPICE INC | | FEATHERLAND HOSPICE INC |
| Lic Expire | 03/31/2018 | | | 9950 WESPARK DRIVE SUITE 291 | | 8200 WEDNESBURY LANE SUITE#317 |
| Medicare 1: | 741549 | | | HOUSTON, TX 77063 | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 751-8333 | Fax | (281) 860-2030 | | | Hospice |
| Type: | Parent Agency | Administrator | NWANNEOMA NDUBISI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/18/2004 | <u>Owner Information</u> |
| License # | 008913 | | | FIDELITY CARE HOME HEALTH | | L I N S INC |
| Lic Expire | 02/28/2018 | | | 6023 COVENTRY FALLS | | 6023 COVENTRY FALLS |
| Medicare 1: | 453170 | | | HOUSTON, TX 77084 | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 550-0053 | Fax | (281) 550-3150 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DELOISE WILSON LADIPO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/28/2006 | <u>Owner Information</u> |
| License # | 011357 | | | FIDELITY HOME HEALTH SERVICES LLC | | FIDELITY HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2019 | | | 9207 COUNTRY CREEK DRIVE SUITE #201 | | 9207 COUNTRY CREEK DRIVE SUITE #201 |
| Medicare 1: | | | | HOUSTON, TX 77036 | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 771-5277 | Fax | (713) 771-5278 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN KENNEDY NOSIKE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/23/2014 | <u>Owner Information</u> |
| License # | 016440 | | | FINE TOUCH HEALTHCARE SERVICES LLC | | FINE TOUCH HEALTHCARE SERVICES LLC |
| Lic Expire | 09/30/2018 | | | 14206 ALMOND BAY LN | | 14206 ALMOND BAY LN |
| Medicare 1: | | | | HOUSTON, TX 77083 | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 858-6244 | Fax | (281) 416-5838 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CLARA ADODOD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/15/2014 | <u>Owner Information</u> |
| License # | 016689 | | | FIRST PRIORITY CARE INC | | FIRST PRIORITY CARE INC |
| Lic Expire | 11/30/2018 | | | 6201 BONHOMME ROAD, SUITE #252 N | | 6201 BONHOMME ROAD SUITE #252 N |
| Medicare 1: | 459499 | | | HOUSTON, TX 77036 | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 952-6277 | Fax | (713) 952-6279 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UMI C. OSADEBAY | | | |
| County | HARRIS | Region | 06 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | FIRST PRIORITY CARE INC | | |
| Lic Expire | | | | 6201 BONHOMME ROAD, SUITE #252N | | |
| Medicare 1: | | | | HOUSTON, TX 77036 | | |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 952-6277 | Fax | (713) 952-6279 | | | |
| Type: | Parent Agency | Administrator | UCHENNA WATSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/2016 | <u>Owner Information</u> |
| License # | 017773 | | | FIRSTLIGHT HOMECARE | | INTEGRATED ADULT DAY HEALTH & IN-HOME SERVICES LLC |
| Lic Expire | 12/31/2018 | | | 5433 WESTHEIMER ROAD SUITE 403 | | 13019 ORCHARD GLEN DRIVE |
| Medicare 1: | | | | HOUSTON, TX 77056 | | RICHMOND, TX 77407 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 714-5625 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NAMITA SHAH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 03/25/2003 | <u>Owner Information</u> |
| License # | 008382 | | | | | FIVE STAR HEALTHCARE SERVICE INC |
| Lic Expire | 03/31/2019 | | | | | 8306 BALLINA RIDGE CT |
| Medicare 1: | 679356 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 313-0508 | Fax | (281) 313-0504 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REGINA IKEGBUNAM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2006 | <u>Owner Information</u> |
| License # | 010335 | | | | | VICTOR ADIUKU |
| Lic Expire | 03/31/2018 | | | | | 9888 BISSONET ST SUITE #450D |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-3434 | Fax | (713) 777-3593 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTOR ADIUKU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2009 | <u>Owner Information</u> |
| License # | 012678 | | | | | GLORIA BOATENG |
| Lic Expire | 06/30/2019 | | | | | 8300 BISSONNET ST. STE 460B |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 495-7078 | Fax | (281) 988-5390 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLORIA BOATENG | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/29/2008 | <u>Owner Information</u> |
| License # | 012282 | | | | | FLOURISH HOMEHEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 7918 ARBOR MEADOW STREET |
| Medicare 1: | 747315 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 981-6755 | Fax | (713) 726-0330 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENNETH C EMORDI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/02/2007 | <u>Owner Information</u> |
| License # | 011114 | | | | | FOREVER HOMEHEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 16710 COLD HARBOR LANE |
| Medicare 1: | 679771 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 313-0896 | Fax | (281) 313-0898 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALABA JACOB | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/14/2009 | <u>Owner Information</u> |
| License # | 012517 | | | | | FORTUNE HEALTHCARE INC |
| Lic Expire | 03/31/2019 | | | | | 2825 WILCREST DRIVE, SUITE #312 |
| Medicare 1: | 741533 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | 679727 | | | | | Services: |
| Phone | (713) 771-0032 | Fax | (832) 201-6739 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | HUMA SHAH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/14/2003 | <u>Owner Information</u> |
| License # | 008744 | | | | | FOUNTAIN CARE INC |
| Lic Expire | 11/30/2018 | | | | | 11926 DAVIS MOUNTAIN DRIVE |
| Medicare 1: | 679479 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 575-9505 | Fax | (281) 495-0462 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MUTIAT OLATUNDUN LAWAL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/15/2011 | <u>Owner Information</u> |
| License # | 013894 | | | | | FOUNTAIN OF LIFE HEALTH SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 8307 ROYAL GROVE CT |
| Medicare 1: | 747705 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 983-3547 | Fax | (281) 983-3548 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESTHER OKUNADE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/27/2016 | <u>Owner Information</u> |
| License # | 017817 | | | | | FRANK FAMILY ENTERPRISES LLC |
| Lic Expire | 12/31/2018 | | | | | 3926 OAKSIDE DRIVE STE B |
| Medicare 1: | | | | | | HOUSTON, TX 77053 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 356-5137 | Fax | (713) 433-2672 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIRLEY FRANK RAY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/03/2011 | <u>Owner Information</u> |
| License # | 014247 | | | | | FRIENDSHIP CARE HOME ENTERPRISES, LLC |
| Lic Expire | 08/31/2019 | | | | | 7457 HARWIN DRIVE STE #303K |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 781-1270 | Fax | (713) 781-1275 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIAM ALAGA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/23/2014 | <u>Owner Information</u> |
| License # | 016276 | | | | | FULLCARE HOME HEALTH, INC. |
| Lic Expire | 06/30/2018 | | | | | 13446 QUEENSLAND WAY |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 885-8799 | Fax | (979) 488-2042 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FOLASADE ADEYEYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/27/2006 | <u>Owner Information</u> |
| License # | 010426 | | | | | GABLINK INC |
| Lic Expire | 01/31/2019 | | | | | 7457 HARWIN DRIVE, SUITE #102 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 333-6090 | Fax | (713) 333-6091 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARLENE QUIJADA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/2000 | <u>Owner Information</u> |
| License # | 007455 | | | | | GABRIEL HOME HEALTH CARE |
| Lic Expire | 10/31/2019 | | | | | 6363 BEVERLY HILL #122 |
| Medicare 1: | 679094 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 334-2881 | Fax | (713) 334-2886 | | | SAMSON ODEBUNMI |
| Type: | Parent Agency | Administrator | TIMOTHY ODEBUNMI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/2013 | <u>Owner Information</u> |
| License # | 015455 | | | | | GARDEN HEALTHCARE SERVICES CORPORATION |
| Lic Expire | 03/31/2019 | | | | | 6666 HARWIN DR SUITE 158 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 835-9224 | Fax | (832) 327-7535 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERT WILLIAMS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/06/2006 | <u>Owner Information</u> |
| License # | 010510 | | | | | GARDEN OF HOPE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 15627 LOMA VERDE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 788-0387 | Fax | (281) 530-1303 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATE IGBOKWE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/27/2005 | <u>Owner Information</u> |
| License # | 009885 | | | | | GASPY HOME HEALTHCARE INC |
| Lic Expire | 07/31/2018 | | | | | 1919 N LOOP WEST STE 400 |
| Medicare 1: | 677994 | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (713) 742-0615 | Fax | (713) 695-0323 | | | Services: |
| Type: | Parent Agency | Administrator | MARY CORIA-GUTIERREZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/1998 | <u>Owner Information</u> |
| License # | 006617 | | | | | GC HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 9898 BISSONNET STE 426 |
| Medicare 1: | 459068 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 776-3309 | Fax | (713) 776-3346 | | | Services: |
| Type: | Parent Agency | Administrator | IHUOMA ANYANWUEZE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/12/2003 | <u>Owner Information</u> |
| License # | 008502 | | | | | GCS HEALTH SERVICES LIMITED LIABILITY COMPANY |
| Lic Expire | 06/30/2017 | | | | | 12231 BROOKVALLEY DRIVE |
| Medicare 1: | 679402 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 723-8500 | Fax | (713) 723-8501 | | | Services: |
| Type: | Parent Agency | Administrator | GRACE UDE OKORIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/14/2015 | <u>Owner Information</u> |
| License # | 017177 | | | | | GENTLE HEALTH HOSPICE |
| Lic Expire | 12/31/2019 | | | | | 9950 WEST PARK DRIVE STE # 644 |
| Medicare 1: | 741682 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 404-9375 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/24/2016 | <u>Owner Information</u> |
| License # | 017414 | | | | | GENTLE HOSPICE CARE AND TRANSITION INC |
| Lic Expire | 05/31/2018 | | | | | 9950 WESTPARK DRIVE SUITE 644 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (281) 564-7326 | Fax | (866) 447-6894 | | | Services: |
| Type: | Parent Agency | Administrator | FEFI JAMES | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2017 | <u>Owner Information</u> |
| License # | 017947 | | | | | GERIZIM HEALTHCARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 13442 KATY KNOLL CT |
| Medicare 1: | 747830 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (832) 595-0152 | Fax | (832) 595-0153 | | | Services: |
| Type: | Parent Agency | Administrator | ABAYOMI BALOGUN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/24/2007 | <u>Owner Information</u> |
| License # | 011655 | | | | | GET WELL HOME HEALTH SERVICES OF HOUSTON INC |
| Lic Expire | 10/31/2019 | | | | | 10134 OBOE DR. |
| Medicare 1: | 747661 | | | | | HOUSTON, TX 77025 |
| Medicare 2: | | | | | | |
| Phone | (713) 662-2275 | Fax | (713) 662-2295 | | | Services: |
| Type: | Parent Agency | Administrator | BETTY M DANCEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/30/2007 | <u>Owner Information</u> |
| License # | 011918 | | | | | GILGAL HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 19310 CHRISTINE CROSSING DRIVE |
| Medicare 1: | 747155 | | | | | RICHMOND, TX 77469 |
| Medicare 2: | | | | | | |
| Phone | (281) 232-3555 | Fax | (281) 232-7595 | | | Services: |
| Type: | Parent Agency | Administrator | OYINLOLA O ZINSOU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/31/2017 | <u>Owner Information</u> |
| License # | 018288 | | GLADKIDS | | | GLADKIDS LLC |
| Lic Expire | 08/31/2019 | | 14458 ANDREA WAY LANE | | | 14458 ANDREA WAY LANE |
| Medicare 1: | | | HOUSTON, TX 77083 | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 762-7348 | Fax | (832) 672-5872 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLADYS EZEM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/04/2013 | <u>Owner Information</u> |
| License # | 015853 | | GLORIOUS KIDS HOMECARE | | | HOME STAY SENIOR CARE, INC. |
| Lic Expire | 11/30/2019 | | 9555 WEST SAM HOUSTON PKWY SOUTH #310 | | | 9555 WEST SAM HOUSTON PKWY SOUTH #310 |
| Medicare 1: | | | HOUSTON, TX 77099 | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 767-3465 | Fax | (832) 767-3763 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCOISE AGBOR ARREY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/01/2010 | <u>Owner Information</u> |
| License # | 013279 | | GLORYLAND HEALTH SERVICES INC | | | GLORYLAND HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | 9806 DARBY MILL LN | | | 9806 DARBY MILL LN |
| Medicare 1: | 747697 | | HOUSTON, TX 77095 | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 231-4877 | Fax | (281) 859-4402 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDITH OCHEZE UGBOAJA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/02/2010 | <u>Owner Information</u> |
| License # | 013739 | | GLUCO STAR INC | | | GLUCO STAR, INC. |
| Lic Expire | 12/31/2018 | | 4703 KNOTTY OAKS TRAIL | | | 4703 KNOTTY OAKS TRAIL |
| Medicare 1: | | | HOUSTON, TX 77045 | | | HOUSTON, TX 77045 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 434-8715 | Fax | (832) 535-3719 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELICIA U UGHANZE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/22/2014 | <u>Owner Information</u> |
| License # | 016439 | | GODLY HEARTS HOME HEALTHCARE AGENCY LLC | | | GODLY HEARTS HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 09/30/2018 | | 4606 FM 1960 W, SUITE 320 | | | 2720 HOLLY HALL ST UNIT C |
| Medicare 1: | | | HOUSTON, TX 77069 | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 485-4354 | Fax | (866) 583-8731 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARK B AFRIYIE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2017 | <u>Owner Information</u> |
| License # | 018460 | | GOD'S HOME CARE INC | | | GOD'S HOME CARE INC |
| Lic Expire | 11/30/2019 | | 2840 SHADOW BRIAR DRIVE #1207 | | | 2840 SHADOW BRIAR DR # 1207 |
| Medicare 1: | | | HOUSTON, TX 77077 | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (816) 682-2327 | Fax | (816) 682-2327 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IFEYINWA AKAHARA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2012 | <u>Owner Information</u> |
| License # | 014855 | | GOLDEN ACRES HOME HEALTH | | | GOLDEN ACRES HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2018 | | 6430 RICHMOND AVE SUITE #130 | | | 6430 RICHMOND AVE SUITE #130 |
| Medicare 1: | 747083 | | HOUSTON, TX 77057 | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 962-4948 | Fax | (832) 962-4950 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HASSAN BARMADA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/21/2017 | <u>Owner Information</u> |
| License # | 018115 | | GOLDEN AGE HEALTHCARE LLC | | | GOLDEN AGE HEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | 14007 RIVER KEG DRIVE | | | 14007 RIVER KEG DR |
| Medicare 1: | | | HOUSTON, TX 77083 | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 540-8723 | Fax | (832) 328-5924 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROL ETOAMA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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| County HARRIS | Region 06 | Date Licensed 11/07/2016 | Owner Information ENDECA INVESTMENTS LLC 9842 KIRKSTONE TERRANCE DRIVE SPRING, TX 77379 |
| License # 017726 | GOLDEN HEART SENIOR CARE - HOUSTON NW | | |
| Lic Expire 11/30/2018 | 118 VINTAGE PARK BLVD SUITE W | | |
| Medicare 1: | HOUSTON, TX 77070 | | |
| Medicare 2: | | | Services: |
| Phone (832) 680-0111 | Fax (832) 680-0113 | Personal Assistance Services | |
| Type: Parent Agency | Administrator TAMARA CLAUNCH | | |
| County HARRIS | Region 06 | Date Licensed 02/01/2015 | Owner Information GOLDEN YEARS HOME HEALTH CARE, LLC 11169 BEECHNUT STE D HOUSTON, TX 77072 |
| License # 017005 | GOLDEN YEARS HOME HEALTH CARE | | |
| Lic Expire 01/31/2019 | 11169 BEECHNUT STE D | | |
| Medicare 1: | HOUSTON, TX 77072 | | |
| Medicare 2: | | | Services: |
| Phone (832) 850-6253 | Fax (713) 758-0109 | Personal Assistance Services | |
| Type: Parent Agency | Administrator THIEU V NGUYEN | | |
| County HARRIS | Region 06 | Date Licensed 03/23/2012 | Owner Information STAR TORCH HEALTHCARE INC 6161 SAVOY DRIVE, STE#102 HOUSTON, TX 77036 |
| License # 014826 | GOOD HANDS HOME HEALTH | | |
| Lic Expire 03/31/2018 | 6161 SAVOY DRIVE SUITE 102 | | |
| Medicare 1: 453111 | HOUSTON, TX 77036 | | |
| Medicare 2: | | | Services: |
| Phone (713) 783-1888 | Fax (713) 783-1899 | Licensed and Certified Home Health Services | |
| Type: Parent Agency | Administrator JOEY SANGA SE | | |
| County HARRIS | Region 06 | Date Licensed 09/14/2017 | Owner Information GOOD SHEPHERD CARING HANDS HOSPICE LLC 15330 WILLOW RIVER DR HOUSTON, TX 77095 |
| License # 018323 | GOOD SHEPHERD CARING HANDS HOSPICE LLC | | |
| Lic Expire 09/30/2019 | 15330 WILLOW RIVER DRIVE | | |
| Medicare 1: | HOUSTON, TX 77095 | | |
| Medicare 2: | | | Services: |
| Phone (281) 861-5169 | Fax (844) 308-5818 | Hospice | |
| Type: Parent Agency | Administrator ELIZABETH MABUTE | | |
| County HARRIS | Region 06 | Date Licensed 08/28/2012 | Owner Information GS HOME HEALTH MANAGEMENT, LLC 15330 WILLOW RIVER DRIVE HOUSTON, TX 77095 |
| License # 015099 | GOOD SHEPHERD HOME HEALTH SERVICES | | |
| Lic Expire 08/31/2018 | 15330 WILLOW RIVER DRIVE | | |
| Medicare 1: 743110 | HOUSTON, TX 77095 | | |
| Medicare 2: | | | Services: |
| Phone (281) 861-9146 | Fax (877) 860-8137 | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services | |
| Type: Parent Agency | Administrator ELIZABETH M. MABUTE | | |
| County HARRIS | Region 06 | Date Licensed 10/26/2012 | Owner Information GOOD SHEPHERD HOSPICE OF HOUSTON LLC 4350 WILL ROGERS PARKWAY, SUITE 400 OKLAHOMA CITY, TX 73108 |
| License # 015161 | GOOD SHEPHERD HOSPICE OF HOUSTON LLC | | |
| Lic Expire 10/31/2018 | 14511 FALLING CREEK DR SUITE 204 | | |
| Medicare 1: 671783 | HOUSTON, TX 77014 | | |
| Medicare 2: | | | Services: |
| Phone (713) 664-4447 | Fax (713) 664-4311 | Hospice | |
| Type: Parent Agency | Administrator JENNIFER HOLDER | | |
| County HARRIS | Region 06 | Date Licensed 11/01/2017 | Owner Information GRACE PROVIDER SERVICE INC 7322 SOUTHWEST FREEWAY SUITE 660 HOUSTON, TX 77074 |
| License # 018504 | GRACE PROVIDER SERVICE, INC. | | |
| Lic Expire 10/31/2019 | 7322 SOUTHWEST FRWY STE 660 | | |
| Medicare 1: | HOUSTON, TX 77074 | | |
| Medicare 2: | | | Services: |
| Phone (713) 261-0754 | Fax (281) 988-5391 | Personal Assistance Services | |
| Type: Parent Agency | Administrator MICHAEL OKENDU | | |
| County HARRIS | Region 06 | Date Licensed 03/16/2007 | Owner Information GRACEFAITH HEALTHCARE SERVICES INC 11211 KATY FREEWAY SUITE 240 HOUSTON, TX 77079 |
| License # 011157 | GRACEFAITH HEALTHCARE SERVICES INC | | |
| Lic Expire 03/31/2018 | 11211 KATY FREEWAY SUITE 240 | | |
| Medicare 1: 747100 | HOUSTON, TX 77079 | | |
| Medicare 2: | | | Services: |
| Phone (713) 461-8898 | Fax (713) 461-8859 | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services | |
| Type: Parent Agency | Administrator FELIX AZUONYE | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/11/2005 | <u>Owner Information</u> |
| License # | 010040 | | | | | GRACEFULL HOME HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 9894 BISSONNET SUITE #100B |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-0101 | Fax | (281) 657-6219 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNKE ANTHONIA ADENOLA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/22/2017 | <u>Owner Information</u> |
| License # | 018271 | | | | | URBAN LINE LLC |
| Lic Expire | 08/31/2019 | | | | | 2500 WOODLAND PARK DRIVE UNIT C304 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (713) 714-4425 | Fax | (713) 969-4802 | | | Services: |
| Type: | Parent Agency | Administrator | KATE ASAIJE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/12/2013 | <u>Owner Information</u> |
| License # | 015915 | | | | | BREMA INVESTMENTS LLC |
| Lic Expire | 12/31/2019 | | | | | 2504 ROCKYGATE LN |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (713) 568-4488 | Fax | (888) 662-5898 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA GROSS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/25/2014 | <u>Owner Information</u> |
| License # | 016520 | | | | | TO THE TOP MANAGEMENT SERVICES, LLC |
| Lic Expire | 10/31/2018 | | | | | 1910 CHATHAM TRAILS COURT |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 250-9993 | Fax | (877) 468-7075 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES R VONDERHAAR | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/12/1996 | <u>Owner Information</u> |
| License # | 005321 | | | | | GUARDIAN CARE HOME HEALTH AGENCY INC |
| Lic Expire | 07/31/2018 | | | | | 14811 ST MARYS LANE SUITE 168 |
| Medicare 1: | 678238 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (713) 434-6289 | Fax | (832) 991-8869 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA C BAVAR | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2016 | <u>Owner Information</u> |
| License # | 017799 | | | | | GUJI HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 6201 BONHOMME ROAD SUITE 365-N |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 780-8030 | Fax | (713) 782-6100 | | | Services: |
| Type: | Parent Agency | Administrator | CLEMENTINA IKWUEZUNMA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/25/1997 | <u>Owner Information</u> |
| License # | 006529 | | | | | GULF COAST COMMUNITY HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 17223 MERCURY DRIVE |
| Medicare 1: | 459448 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | |
| Phone | (281) 484-2727 | Fax | (281) 464-7090 | | | Services: |
| Type: | Parent Agency | Administrator | COMFORT NGANG AGBOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 05/17/2017 | <u>Owner Information</u> |
| License # | 018061 | | | | | HALO HOMECARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 8506 VOGUE LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 703-8188 | Fax | (713) 730-8188 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSAURA VISRAM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/04/2006 | <u>Owner Information</u> |
| License # | 011383 | | | | | HANSON HEALTH SERVICES, INC. |
| Lic Expire | 12/31/2017 | | | | | 6776 SOUTHWEST FREEWAY, SUITE # 240 |
| Medicare 1: | 679441 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 242-1901 | Fax | (832) 242-1902 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARTHA ISMAIL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/20/2016 | <u>Owner Information</u> |
| License # | 017638 | | | | | THERAMAX THERAPY SERVICES PC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 37042 |
| Medicare 1: | | | | | | HOUSTON, TX 77237 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 244-9505 | Fax | (888) 336-7050 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RISTY D DURBIN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/29/2010 | <u>Owner Information</u> |
| License # | 013794 | | | | | HARBOR HOME HEALTH LP |
| Lic Expire | 12/31/2018 | | | | | 3406 COLLEGE ST. SUITE #200 |
| Medicare 1: | 747816 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 427-3727 | Fax | (281) 427-3728 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JON GARNER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/28/2013 | <u>Owner Information</u> |
| License # | 015403 | | | | | HARBOR HOSPICE MEDICAL CENTER - HOUSTON LP |
| Lic Expire | 02/28/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 671792 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-2220 | Fax | (713) 271-2225 | | | Hospice |
| Type: | Parent Agency | Administrator | ROKISHIA MORRIS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/15/2011 | <u>Owner Information</u> |
| License # | 014160 | | | | | HARBOR HOSPICE OF CENTRAL HOUSTON, LP |
| Lic Expire | 06/30/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 671711 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-5290 | Fax | (713) 777-5214 | | | Hospice |
| Type: | Parent Agency | Administrator | ROKISHIA MORRIS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/04/2011 | <u>Owner Information</u> |
| License # | 014077 | | | | | HARBOR HOSPICE OF HOUSTON, LP |
| Lic Expire | 05/31/2019 | | | | | 3406 COLLEGE ST #200 |
| Medicare 1: | 671745 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 461-6109 | Fax | (281) 461-6038 | | | Hospice |
| Type: | Parent Agency | Administrator | JESSICA JOHNSTONBAUGH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/08/2012 | <u>Owner Information</u> |
| License # | 014992 | | | | | HARBOR HOSPICE OF SOUTH HOUSTON, LP |
| Lic Expire | 08/31/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741501 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 506-7652 | Fax | (281) 506-7656 | | | Hospice |
| Type: | Parent Agency | Administrator | ERIN LEACH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/13/2012 | Owner Information |
| License # | 015199 | | | | | HARBOR HOSPICE OF WEST HOUSTON LP |
| Lic Expire | 11/30/2018 | | | | | 3406 COLLEGE STREET STE 200 |
| Medicare 1: | 741505 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (713) 777-5290 | Fax | (713) 777-5214 | | | Services: |
| Type: | Parent Agency | Administrator | ROKISHIA MORRIS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 11/13/2012 | Owner Information |
| License # | 015201 | | | | | HARBOR HOSPICE OF SOUTHEAST HOUSTON LP |
| Lic Expire | 11/30/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 671774 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (713) 413-5200 | Fax | (713) 413-5299 | | | Services: |
| Type: | Parent Agency | Administrator | THERESA COUSINS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 02/01/2017 | Owner Information |
| License # | 017901 | | | | | HARMONY COMPLETE CARE, LLC |
| Lic Expire | 01/31/2019 | | | | | 4747 RESEARCH FOREST DRIVE, 180-292 |
| Medicare 1: | 457967 | | | | | THE WOODLANDS, TX 77381 |
| Medicare 2: | | | | | | |
| Phone | (713) 668-3883 | Fax | (713) 961-1248 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCIS ORTIZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/31/2016 | Owner Information |
| License # | 018059 | | | | | HARMONY HOSPICE INC |
| Lic Expire | 08/31/2018 | | | | | 8700 COMMERCE PARK DRIVE SUITE 233 |
| Medicare 1: | 671737 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 888-1602 | Fax | (281) 888-1025 | | | Services: |
| Type: | Parent Agency | Administrator | OLAKUNLE OMIYALE | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/16/2015 | Owner Information |
| License # | 017081 | | | | | HARMONY SENIOR LIVINGHOME INC |
| Lic Expire | 10/31/2019 | | | | | 9700 LEAWOOD BLVD #216 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 454-1519 | Fax | (713) 271-9659 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE N. EGENTI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/21/2002 | Owner Information |
| License # | 007981 | | | | | HAVEN HEALTHCARE SYSTEMS INC |
| Lic Expire | 06/30/2018 | | | | | 9770 PINE LAKE DRIVE |
| Medicare 1: | 679178 | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | |
| Phone | (713) 464-1342 | Fax | (713) 464-1638 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA TOBAR BAYONNE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/14/2007 | Owner Information |
| License # | 011584 | | | | | HEALING HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 814 N SKY DRIVE |
| Medicare 1: | 747085 | | | | | HOUSTON, TX 77073 |
| Medicare 2: | | | | | | |
| Phone | (281) 580-1540 | Fax | (281) 580-1580 | | | Services: |
| Type: | Parent Agency | Administrator | KERRY E POYSER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2016 | Owner Information |
| License # | 017749 | | | | | HEALING THROUGH CARING HOMECARE LLC |
| Lic Expire | 11/30/2018 | | | | | 4008 LOUETTA RD #122 |
| Medicare 1: | | | | | | SPRING, TX 77388 |
| Medicare 2: | | | | | | |
| Phone | (832) 504-9709 | Fax | (832) 504-9710 | | | Services: |
| Type: | Parent Agency | Administrator | SHONTEL YOUNGBLOOD | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 06/04/1984 | <u>Owner Information</u> |
| License # | 000527 | | | | | HEALTH CARE TEMPORARIES INC |
| Lic Expire | 06/30/2018 | | | | | 8926 SHERBOURNE SUITE D |
| Medicare 1: | | | | | | HOUSTON, TX 77016 |
| Medicare 2: | | | | | | |
| Phone | (713) 631-7106 | Fax | (713) 631-9158 | | | Services: |
| Type | Parent Agency | Administrator | BONITA WOODS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/09/2008 | <u>Owner Information</u> |
| License # | 011925 | | | | | HEALTH LINK PROFESSIONALS INC |
| Lic Expire | 01/31/2018 | | | | | 1080 W SAM HOUSTON PKWY N SUITE 250 |
| Medicare 1: | 453116 | | | | | HOUSTON, TX 77043 |
| Medicare 2: | | | | | | |
| Phone | (713) 334-7900 | Fax | (713) 334-7960 | | | Services: |
| Type | Parent Agency | Administrator | GEORGE OPARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/30/2010 | <u>Owner Information</u> |
| License # | 013619 | | | | | HEALTHCARE PROVIDERS OF AMERICA INC |
| Lic Expire | 07/31/2018 | | | | | 10801 HAMMERLY BLVD., SUITE #120 |
| Medicare 1: | 677921 | | | | | HOUSTON, TX 77043 |
| Medicare 2: | | | | | | |
| Phone | (713) 468-2100 | Fax | (713) 468-2400 | | | Services: |
| Type | Parent Agency | Administrator | CORTISA MILLER | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/16/2004 | <u>Owner Information</u> |
| License # | 009005 | | | | | JASCAM INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 711126 |
| Medicare 1: | | | | | | HOUSTON, TX 77271 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-3512 | Fax | (713) 771-0232 | | | Services: |
| Type | Parent Agency | Administrator | MARY WHITE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/13/2000 | <u>Owner Information</u> |
| License # | 007443 | | | | | HEALTHSOURCE HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | 2215 DORRINGTON ST. |
| Medicare 1: | 678376 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (713) 592-5364 | Fax | (713) 592-5324 | | | Services: |
| Type | Parent Agency | Administrator | TEKLE TESFAYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/11/2015 | <u>Owner Information</u> |
| License # | 017303 | | | | | HEART HOME HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 7545 SOUTH FREEWAY |
| Medicare 1: | 678220 | | | | | HOUSTON, TX 77021 |
| Medicare 2: | | | | | | |
| Phone | (713) 654-8825 | Fax | (713) 571-6040 | | | Services: |
| Type | Parent Agency | Administrator | CARL JENKINS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/25/2013 | <u>Owner Information</u> |
| License # | 016100 | | | | | HEART TO HEART HOSPICE OF GREATER HOUSTON LLC |
| Lic Expire | 10/31/2017 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671542 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (713) 984-2100 | Fax | (713) 984-2171 | | | Services: |
| Type | Parent Agency | Administrator | BRENDA MARIE HINGLE | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/16/2017 | <u>Owner Information</u> |
| License # | 018137 | | | | | STRONG TOWER HEALTHCARE LLC |
| Lic Expire | 05/31/2019 | | | | | 7240 CHASE OAKS BLVD., |
| Medicare 1: | 741624 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (832) 478-5534 | Fax | (832) 478-5592 | | | Services: |
| Type | Parent Agency | Administrator | MICHAEL BLANKENSHIP | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2016 | Owner Information |
| License # | 017380 | | | | | HEARTS OF HOPE HOME CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 20423 KNIGHTS BRANCH DRIVE |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 980-5787 | Fax | (281) 769-1057 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIYOKO AUGUSTUS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/15/2008 | Owner Information |
| License # | 011822 | | | | | HEAVENLY HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 13210 RICHMOND AVE |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 439-3365 | Fax | (281) 679-7212 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADELANKE STELLA OYEKU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/02/2014 | Owner Information |
| License # | 017305 | | | | | HEAVENLY HOSPICE @ HOME, LLC |
| Lic Expire | 10/31/2018 | | | | | 445 FM 1092 SUITE 101G |
| Medicare 1: | 671791 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 969-7042 | Fax | (281) 969-7056 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | DOMINIQUE CREEKMORE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/31/2011 | Owner Information |
| License # | 014258 | | | | | HEAVENLY PROVIDERS HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 13700 VETERAN MEMORIAL DR. #400 |
| Medicare 1: | | | | | | HOUSTON, TX 77014 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 965-5520 | Fax | (832) 965-5341 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARK TALFORD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/08/2010 | Owner Information |
| License # | 013228 | | | | | HEFTY HEALTHCARE SERVICES INC. |
| Lic Expire | 04/30/2018 | | | | | 6714 HIGHWIND BEND LANE |
| Medicare 1: | 747810 | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 815-5192 | Fax | (832) 834-5148 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STACEY AJAJA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/25/2014 | Owner Information |
| License # | 016397 | | | | | RITSVY ENIT MEJIA |
| Lic Expire | 08/31/2018 | | | | | 10039 BISSONNET ST SUITE 148 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 572-0861 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RITSVY ENIT MEJIA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/21/2017 | Owner Information |
| License # | 018116 | | | | | HERITAGE DEVELOPMENTAL CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 13538 CABRERA LN |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (425) 408-3067 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN OJEBODE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/07/2016 | Owner Information |
| License # | 017502 | | | | | HEURISTIC HOME HEALTH CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 7155 OLD KATY RD STE N262 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 582-7300 | Fax | (713) 239-0340 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LINDA FAYE WALKER | | | |

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/16/2005 | <u>Owner Information</u> |
| License # | 009817 | | | | | CHIAP HEALTH & REHAB SERVICE INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 710934 |
| Medicare 1: | 677998 | | | | | HOUSTON, TX 77271 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 541-6520 | Fax | (713) 541-6521 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLES C AZIH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/15/2002 | <u>Owner Information</u> |
| License # | 008198 | | | | | KINGHAVEN INVESTMENTS INC |
| Lic Expire | 11/30/2016 | | | | | POST OFFICE BOX 740038 |
| Medicare 1: | 679315 | | | | | HOUSTON, TX 77274 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 457-4373 | Fax | (713) 457-4376 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LATONYA M CURVEY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/17/1995 | <u>Owner Information</u> |
| License # | 003266 | | | | | HOLISTIC HOME CARE NURSING INC |
| Lic Expire | 02/28/2019 | | | | | 7457 HARWIN DRIVE, SUITE #100 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 956-9841 | Fax | (713) 956-9843 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEWELLEAN MANGAROO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/25/2017 | <u>Owner Information</u> |
| License # | 018198 | | | | | HOME CARE ASSISTANCE OF HOUSTON CENTRAL LLC |
| Lic Expire | 07/31/2019 | | | | | 3730 KIRBY DRIVE SUITE 1200 |
| Medicare 1: | | | | | | HOUSTON, TX 77098 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 732-2948 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANA REEDER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/16/2010 | <u>Owner Information</u> |
| License # | 014051 | | | | | HOME CARE ASSISTANCE OF HOUSTON CENTRAL LLC |
| Lic Expire | 12/31/2018 | | | | | 829 FROSTWOOD DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 960-9988 | Fax | (713) 647-9974 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANA REEDER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/11/2000 | <u>Owner Information</u> |
| License # | 007403 | | | | | DANGLIN INCORPORATED |
| Lic Expire | 08/31/2018 | | | | | 1100 E NASA PARKWAY STE #500 |
| Medicare 1: | 679008 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 957-9516 | Fax | (281) 309-0109 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLYN WALDREP | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/11/2009 | <u>Owner Information</u> |
| License # | 012651 | | | | | HOME CARE SENIOR SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 9839 WHITHORN DRIVE SUITE #A |
| Medicare 1: | 747584 | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 524-0712 | Fax | (281) 256-4925 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARACELI GARCIA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/10/2013 | <u>Owner Information</u> |
| License # | 015631 | | | | | RENAL TREATMENT CENTERS - SOUTHEAST LP |
| Lic Expire | 07/31/2019 | | | | | 2000 16TH STREET |
| Medicare 1: | | | | | | DENVER, CO 80202 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 790-1983 | Fax | (713) 795-5931 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | DEBBIE ALLEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/30/2006 | Owner Information |
| License # | 010845 | | | | | SHULTS INDUSTRIES INC |
| Lic Expire | 10/31/2019 | | | | | 4635 SW FREEWAY #540 |
| Medicare 1: | 679660 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (713) 942-0100 | Fax | (713) 942-0103 | | | Services: |
| Type: | Parent Agency | Administrator | KELLEN SANDOZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/03/1999 | Owner Information |
| License # | 006965 | | | | | HHR HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 18338 KINGSLAND BLVD STE 102 |
| Medicare 1: | | | | | | HOUSTON, TX 77094 |
| Medicare 2: | | | | | | |
| Phone | (281) 398-0500 | Fax | (281) 398-9070 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLYN FRANCO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/11/1996 | Owner Information |
| License # | 004378 | | | | | HOME HEALTH RESOURCES INC |
| Lic Expire | 03/31/2019 | | | | | 18338 KINGSLAND BLVD SUITE #100 |
| Medicare 1: | 678279 | | | | | HOUSTON, TX 77094 |
| Medicare 2: | | | | | | |
| Phone | (281) 398-3444 | Fax | (281) 398-6830 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN SMITH | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2017 | Owner Information |
| License # | 017963 | | | | | MABORO HEALTHCARE SERVICES, INC. |
| Lic Expire | 03/31/2019 | | | | | 10333 HARWIN DRIVE, SUITE #370 |
| Medicare 1: | 747725 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 501-2652 | Fax | (281) 516-8281 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERTO DOS SANTOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/1997 | Owner Information |
| License # | 005440 | | | | | HOME HEALTH UNLIMITED INC |
| Lic Expire | 12/31/2018 | | | | | 10101 FONDREN ROAD, SUITE #134 |
| Medicare 1: | 458091 | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 981-1466 | Fax | (713) 981-1546 | | | Services: |
| Type: | Parent Agency | Administrator | MARY MOORE-MOSS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/06/2015 | Owner Information |
| License # | 017340 | | | | | ASKEW ALTERNATIVE CAREGIVERS LLC |
| Lic Expire | 10/31/2017 | | | | | 10500 SCARSDALE BLVD |
| Medicare 1: | | | | | | HOUSTON, TX 77089 |
| Medicare 2: | | | | | | |
| Phone | (281) 557-4357 | Fax | (281) 484-1806 | | | Services: |
| Type: | Parent Agency | Administrator | MALINDA GARCIA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2012 | Owner Information |
| License # | 014677 | | | | | TYC GLOBAL LLC |
| Lic Expire | 02/28/2018 | | | | | 5514 HUISACHE STREET |
| Medicare 1: | | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | |
| Phone | (713) 775-8682 | Fax | (713) 588-8706 | | | Services: |
| Type: | Parent Agency | Administrator | JILL YICHIN TSAI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2013 | Owner Information |
| License # | 015563 | | | | | MD SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 2656 SOUTH LOOP WEST SUITE #565 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 403-2273 | Fax | (713) 626-2226 | | | Services: |
| Type: | Parent Agency | Administrator | MECHELLE MINTER | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2013 | Owner Information |
| License # | 015352 | | | | | 1212 SENIOR CARE, INC. |
| Lic Expire | 12/31/2018 | | | | | 14200 GULF FREEWAY STE 222 |
| Medicare 1: | | | | | | HOUSTON, TX 77546 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 484-0200 | Fax | (281) 484-0222 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HAROLD RAY CORKRAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/16/2014 | Owner Information |
| License # | 016060 | | | | | CC & EE, LLC. |
| Lic Expire | 01/31/2020 | | | | | 13105 NORTHWEST FREEWAY, STE#103 |
| Medicare 1: | | | | | | HOUSTON, TX 77090 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 440-5160 | Fax | (281) 586-4484 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CARA DELGADO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/01/2013 | Owner Information |
| License # | 015374 | | | | | SPACE CITY SENIOR CARE, LLC |
| Lic Expire | 01/31/2019 | | | | | 8313 SOUTHWEST FREEWAY, #109 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 774-2215 | Fax | (713) 774-9407 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREGORY GOMEZ-MIRA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/13/2003 | Owner Information |
| License # | 008740 | | | | | HOUSTON SENIOR SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 11201 RICHMOND AVE BLDG A STE 110 |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 379-4700 | Fax | (832) 379-4704 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN JOHNSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/13/2017 | Owner Information |
| License # | 018509 | | | | | HOME SOLUTIONS HOSPICE CARE INC |
| Lic Expire | 12/31/2019 | | | | | 5401 CHIMNEY ROCK RD # 240 |
| Medicare 1: | | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | Services: |
| Phone | (800) 852-2401 | Fax | (800) 852-2401 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | SHAUNICE SHELTON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/20/2015 | Owner Information |
| License # | 017087 | | | | | HOME SWEET HOME PROVIDER SERVICES, LLC |
| Lic Expire | 10/31/2019 | | | | | 2719 EVENING SHADE CT |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 305-7053 | Fax | (832) 426-4018 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELA R. WILLIAMS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2017 | Owner Information |
| License # | 018506 | | | | | HOME THERAPEUTIC SOLUTIONS, LLC |
| Lic Expire | 10/31/2019 | | | | | 4411 DACOMA ST |
| Medicare 1: | 743135 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 426-0313 | Fax | (713) 426-0013 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JORGE SALAZAR | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/2004 | Owner Information |
| License # | 009448 | | | | | VITALITY RESOURCES INC |
| Lic Expire | 12/31/2018 | | | | | 6783 LEMPIRA CT |
| Medicare 1: | | | | | | HOUSTON, TX 77069 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 580-9955 | Fax | (281) 749-8111 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GAIL EISSLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2014 | Owner Information |
| License # | 016625 | | | | | HOMECARE HORIZONS INC |
| Lic Expire | 08/31/2018 | | | | | 7457 HARWIN DR STE 224 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 910-9400 | Fax | (713) 910-9477 | | | Services: |
| Type: | Parent Agency | Administrator | FOBBS A DORSEY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/29/2017 | Owner Information |
| License # | 018472 | | | | | MORETON CARES INC |
| Lic Expire | 11/30/2019 | | | | | 1800 AUGUSTA DRIVE SUITE 210 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (713) 485-0729 | Fax | (832) 937-7646 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL MORETON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/05/2010 | Owner Information |
| License # | 013064 | | | | | MALLEY LLC |
| Lic Expire | 01/31/2018 | | | | | 2130 WHITE EAGLE LANE |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 994-4067 | Fax | (832) 321-4869 | | | Services: |
| Type: | Parent Agency | Administrator | MALCOM JUNIOR | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/23/2013 | Owner Information |
| License # | 015728 | | | | | WILBURN HEALTHCARE MANAGEMENT SERVICES, LLC |
| Lic Expire | 08/31/2019 | | | | | 6708 APOLLO ST |
| Medicare 1: | | | | | | HOUSTON, TX 77091 |
| Medicare 2: | | | | | | |
| Phone | (832) 292-4830 | Fax | (713) 583-9934 | | | Services: |
| Type: | Parent Agency | Administrator | JENICE HACKADAY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/14/2004 | Owner Information |
| License # | 009032 | | | | | HOPE HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 7457 HARWIN SUITE 116 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-7849 | Fax | (713) 783-7519 | | | Services: |
| Type: | Parent Agency | Administrator | ADESUWA OJO | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/18/2003 | Owner Information |
| License # | 008510 | | | | | RADIANCE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 14503 STONE PARK LANE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 995-9296 | Fax | (713) 995-9291 | | | Services: |
| Type: | Parent Agency | Administrator | RUTH IBE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/19/2003 | Owner Information |
| License # | 008940 | | | | | HORIZON CARE HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 430 HIGHWAY 6 SOUTH SUITE 204 |
| Medicare 1: | 679054 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (713) 688-0752 | Fax | (713) 688-0842 | | | Services: |
| Type: | Parent Agency | Administrator | ENITAN BEAZER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/08/2002 | Owner Information |
| License # | 007865 | | | | | HEALTHLINE REHAB & MEDICAL CLINIC INC |
| Lic Expire | 03/31/2018 | | | | | 4615 N FREEWAY SUITE #204 |
| Medicare 1: | | | | | | HOUSTON, TX 77022 |
| Medicare 2: | | | | | | |
| Phone | (713) 694-0051 | Fax | (713) 694-4711 | | | Services: |
| Type: | Parent Agency | Administrator | HYACINTH M CHIEDU | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 08/03/2005 | <u>Owner Information</u> |
| License # | 009895 | | | | | ASPERION HOSPICE OF HOUSTON LP |
| Lic Expire | 08/31/2018 | | | | | 12 CADILLAC DRIVE SUITE #360 |
| Medicare 1: | 671537 | | | | | BRENTWOOD, TX 37027 |
| Medicare 2: | | | | | | |
| Phone | (713) 850-8853 | Fax | (713) 850-8850 | | | Services: |
| Type: | Parent Agency | Administrator | DARLA CLEMENT | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/30/2007 | <u>Owner Information</u> |
| License # | 011646 | | | | | CLP REGENCY OF TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 12 CADILLAC DR STE 360 |
| Medicare 1: | 451729 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (281) 487-3453 | Fax | (281) 991-1184 | | | Services: |
| Type: | Parent Agency | Administrator | DARLA CLEMENT | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 07/29/2015 | <u>Owner Information</u> |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (281) 900-2415 | Fax | (844) 826-4626 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 07/29/2015 | <u>Owner Information</u> |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (281) 532-6498 | Fax | (832) 864-3928 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 09/11/2017 | <u>Owner Information</u> |
| License # | 018310 | | | | | HOUCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 6164 W AIRPORT |
| Medicare 1: | | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | |
| Phone | (832) 276-6028 | Fax | (832) 547-2232 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA BONNER | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/28/1988 | <u>Owner Information</u> |
| License # | 001994 | | | | | HOUSTON HOSPICE |
| Lic Expire | 10/31/2018 | | | | | 1905 HOLCOMBE |
| Medicare 1: | 451530 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (713) 467-7423 | Fax | (713) 677-7177 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES A FAUCETT JR | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 03/12/2003 | <u>Owner Information</u> |
| License # | 001994 | | | | | HOUSTON HOSPICE |
| Lic Expire | 10/31/2018 | | | | | 1905 HOLCOMBE |
| Medicare 1: | 451530 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (713) 468-2441 | Fax | (713) 984-9053 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JAMES A FAUCETT JR | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 03/04/2010 | <u>Owner Information</u> |
| License # | 001994 | | | | | HOUSTON HOSPICE |
| Lic Expire | 10/31/2018 | | | | | 1905 HOLCOMBE |
| Medicare 1: | 451530 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (713) 456-6943 | Fax | (713) 456-5633 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JAMES A FAUCETT JR | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/04/2015 | Owner Information |
| License # | 016674 | | | | | HOUSTON THERAPY CONSULT PLLC |
| Lic Expire | 03/31/2019 | | | | | 1211 E HOUSTON STREET, #C |
| Medicare 1: | | | | | | BEEVILLE, TX 78102 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 784-2781 | Fax | (713) 784-2780 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VICTOR DIMKPA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/18/2017 | Owner Information |
| License # | 016674 | | | | | HOUSTON THERAPY CONSULT PLLC |
| Lic Expire | 03/31/2019 | | | | | 1211 E HOUSTON STREET, #C |
| Medicare 1: | | | | | | BEEVILLE, TX 78102 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 784-2781 | Fax | (713) 784-2780 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | VICTOR DIMKPA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/01/2013 | Owner Information |
| License # | 015785 | | | | | HOUSTON TOTAL HOME CARE, INC. |
| Lic Expire | 09/30/2019 | | | | | 6250 WESTPARK DRIVE, SUITE #237 |
| Medicare 1: | 679195 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 980-3787 | Fax | (713) 980-2686 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABDUL RAUF ISHAQ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/06/2014 | Owner Information |
| License # | 016480 | | | | | HUMANA AT HOME HOUSTON, INC |
| Lic Expire | 10/31/2018 | | | | | 8303 SOUTHWEST FREEWAY, SUITE #280 |
| Medicare 1: | 459410 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 776-9118 | Fax | (713) 776-1575 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DEBORAH LAUER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/02/2004 | Owner Information |
| License # | 009128 | | | | | HUMANE HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | 7457 HARWIN DRIVE, SUITE #185 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 771-7277 | Fax | (713) 771-7233 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH OKPAMEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/20/2016 | Owner Information |
| License # | 017468 | | | | | HUMBLE HEALTHCARE INC |
| Lic Expire | 06/30/2018 | | | | | 9894 BISSONNET STREET SUITE #100-I |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 367-8828 | Fax | (346) 444-6531 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EVALONIA CHIKA BANKS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/07/2016 | Owner Information |
| License # | 017344 | | | | | HUMMINGBIRD CARE GROUP, LLC |
| Lic Expire | 04/30/2018 | | | | | 1912 HICKORY GLEN |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 382-8697 | Fax | (832) 382-8697 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MIKE UMACHI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/27/1996 | Owner Information |
| License # | 005097 | | | | | I - CARE SYSTEMS INC |
| Lic Expire | 11/30/2019 | | | | | 10103 FONDREN SUITE 370 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 779-7992 | Fax | (713) 779-7399 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTOR O ANSAH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2011 | <u>Owner Information</u> |
| License # | 014509 | | | | | I.J. HEALTHCARE SERVICES, INC. |
| Lic Expire | 12/31/2019 | | | | | 13407 QUEENSLAND WAY |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 779-4849 | Fax | (713) 779-1252 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | IJEOMA NWANNA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/17/2017 | <u>Owner Information</u> |
| License # | 018170 | | | | | ICARE HOSPICE |
| Lic Expire | 07/31/2019 | | | | | 8538 HAMMERLY BLVD |
| Medicare 1: | | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 566-8280 | Fax | | | | Hospice |
| Type: | Parent Agency | Administrator | PAUL NGUYEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/29/2016 | <u>Owner Information</u> |
| License # | 017831 | | | | | ICON HEALTH SERVICES, LLC |
| Lic Expire | 04/30/2018 | | | | | 5829 W SAM HOUSTON PKWY N SUITE 1109 |
| Medicare 1: | | | | | | HOUSTON, TX 77041 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 930-9500 | Fax | (832) 930-9397 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FARAHLEE MCCRAKEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/01/2014 | <u>Owner Information</u> |
| License # | 016558 | | | | | ICON COMMUNITY HEALTH SERVICES, LLC |
| Lic Expire | 10/31/2018 | | | | | 10909 SABO ROAD SUITE # 118 |
| Medicare 1: | 747514 | | | | | HOUSTON, TX 77089 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 436-8400 | Fax | (713) 436-8408 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RAJIV CHACKO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/11/2011 | <u>Owner Information</u> |
| License # | 013883 | | | | | ICONIC HEALTHCARE SERVICES, CO |
| Lic Expire | 02/28/2019 | | | | | 14115 IVY BLUFF CT |
| Medicare 1: | | | | | | HOUSTON, TX 77062 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 901-8950 | Fax | (281) 204-9040 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | WILFRED U AJAYI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/07/2017 | <u>Owner Information</u> |
| License # | 018300 | | | | | IKIDNEY HOME DIALYSIS LLC |
| Lic Expire | 09/30/2019 | | | | | 7505 SOUTH FWY SUITE B |
| Medicare 1: | | | | | | HOUSTON, TX 77021 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 888-3777 | Fax | (713) 534-1654 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | RYAN SARMIENTO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/16/2012 | <u>Owner Information</u> |
| License # | 015018 | | | | | IMMACULATE HOME CARE |
| Lic Expire | 08/31/2018 | | | | | 9102 KNIGHTSLAND TRAIL |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 290-2544 | Fax | (281) 561-8964 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FOLUSO AKEYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2005 | <u>Owner Information</u> |
| License # | 009505 | | | | | IN HOME ATTENDANT SERVICES LTD |
| Lic Expire | 12/31/2019 | | | | | POST OFFICE BOX 131245 |
| Medicare 1: | | | | | | HOUSTON, TX 77219 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 528-6499 | Fax | (713) 529-5810 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GENE WHITTEN LEGE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 08/14/2006 | Owner Information |
| License # | 010680 | | | | | INCARNATION HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 7457 HARWIN DRIVE, SUITE 340 |
| Medicare 1: | 747299 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 447-5152 | Fax | (281) 447-7152 | | | Services: |
| Type: | Parent Agency | Administrator | OPEOLUWA FATUROTOI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/07/2016 | Owner Information |
| License # | 017346 | | | | | INDEPENDENT HEALTHCARE CONNECTIONS LLC |
| Lic Expire | 04/30/2018 | | | | | 11223 CARRIAGE LAKE DR |
| Medicare 1: | | | | | | HOUSTON, TX 77065 |
| Medicare 2: | | | | | | |
| Phone | (281) 417-0350 | Fax | (844) 869-7359 | | | Services: |
| Type: | Parent Agency | Administrator | MITIKA STANFORD | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/18/1985 | Owner Information |
| License # | 001663 | | | | | INDEPENDENT HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 8466 |
| Medicare 1: | | | | | | HOUSTON, TX 77288 |
| Medicare 2: | | | | | | |
| Phone | (713) 520-6864 | Fax | (713) 520-6865 | | | Services: |
| Type: | Parent Agency | Administrator | MARY TRUSCOTT SMITH | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/29/2018 | Owner Information |
| License # | 018580 | | | | | INDIGO HOMEHEALTH CARE SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 500 CRAWFORD STREET APT #344 |
| Medicare 1: | | | | | | HOUSTON, TX 77002 |
| Medicare 2: | | | | | | |
| Phone | (832) 528-1814 | Fax | (832) 301-0825 | | | Services: |
| Type: | Parent Agency | Administrator | MARY BLAKEY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/19/2016 | Owner Information |
| License # | 017454 | | | | | INFINITY HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 6260 WESTPARK DRIVE SUITE #266 |
| Medicare 1: | 747622 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | 741686 | | | | | |
| Phone | (281) 576-1380 | Fax | (281) 576-8758 | | | Services: |
| Type: | Parent Agency | Administrator | DARLINGTON OFOEFULE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 04/10/2014 | Owner Information |
| License # | 016144 | | | | | INFUCARE HOME HEALTH, LLC. |
| Lic Expire | 04/30/2018 | | | | | P.O. BOX 571854 |
| Medicare 1: | | | | | | HOUSTON, TX 77257 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-5800 | Fax | (888) 201-2787 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA EGBUCHUNAM | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/25/2011 | Owner Information |
| License # | 014232 | | | | | INFUSION XPRTS, PLLC |
| Lic Expire | 07/31/2019 | | | | | 3845 CYPRESS CREEK PARKWAY SUITE 254 |
| Medicare 1: | | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (713) 446-6755 | Fax | (713) 583-9009 | | | Services: |
| Type: | Parent Agency | Administrator | ARTHUR L HARRISON, JR | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/28/2011 | Owner Information |
| License # | 014190 | | | | | MOMENTUM ADVANCED HEALTHCARE, INC. |
| Lic Expire | 06/30/2019 | | | | | 6250 WESTPARK DRIVE, SUITE #113 |
| Medicare 1: | 747687 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (713) 334-2300 | Fax | (713) 334-3011 | | | Services: |
| Type: | Parent Agency | Administrator | KENNETH TETANG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/30/2014 | Owner Information |
| License # | 016543 | | | | | INNOVISION HOME HEALTH CARE, INC. |
| Lic Expire | 06/30/2018 | | | | | 3531 TOWN CENTER BLVD S |
| Medicare 1: | 747543 | | | | | SUGARLAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (832) 582-8980 | Fax | (832) 582-8649 | | | Services: |
| Type: | Parent Agency | Administrator | SALEEM SHAKOOR | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2010 | Owner Information |
| License # | 013733 | | | | | INTEGRATED HOME HEALTH CARE, INC. |
| Lic Expire | 08/31/2018 | | | | | P.O. BOX 722346 |
| Medicare 1: | | | | | | HOUSTON, TX 77272 |
| Medicare 2: | | | | | | |
| Phone | (281) 495-1600 | Fax | (281) 561-8200 | | | Services: |
| Type: | Parent Agency | Administrator | MAY HENDRIX | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/08/1995 | Owner Information |
| License # | 003376 | | | | | INTER-ACTIVE HEALTH CARE, INC |
| Lic Expire | 05/31/2019 | | | | | 10530 ROCKLEY ROAD SUITE 100A |
| Medicare 1: | 458447 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 892-2000 | Fax | (281) 892-2015 | | | Services: |
| Type: | Parent Agency | Administrator | LEIGH NARVACAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/25/1997 | Owner Information |
| License # | 005969 | | | | | INTER-ACTIVE HEALTH CARE, INC |
| Lic Expire | 08/31/2018 | | | | | 10530 ROCKLEY ROAD SUITE 100A |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 892-2000 | Fax | (281) 892-2015 | | | Services: |
| Type: | Parent Agency | Administrator | LEIGH NARVACAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/18/2016 | Owner Information |
| License # | 017671 | | | | | H-TOWN HEALTHCARE, LLC |
| Lic Expire | 07/31/2018 | | | | | 2656 SOUTH LOOP WEST STE # 345 |
| Medicare 1: | 747159 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 400-8080 | Fax | (713) 400-8081 | | | Services: |
| Type: | Parent Agency | Administrator | KIM MCCOY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/15/2015 | Owner Information |
| License # | 017080 | | | | | H-TOWN HEALTHCARE, LLC |
| Lic Expire | 10/31/2019 | | | | | 2656 SOUTH LOOP WEST STE # 345 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 230-8329 | Fax | (713) 275-7815 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY D MCCOY | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/02/2015 | Owner Information |
| License # | 017115 | | | | | INTRA HOME HEALTH CARE AGENCY LLC |
| Lic Expire | 11/30/2019 | | | | | 10101 FONDREN RD. STE #255 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (346) 571-0963 | Fax | (346) 571-0148 | | | Services: |
| Type: | Parent Agency | Administrator | JEAN KELLEY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/19/2017 | Owner Information |
| License # | 018519 | | | | | IPR HEALTHCARE SYSTEM INC |
| Lic Expire | 12/31/2019 | | | | | 8830 INTERCHANGE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 592-6776 | Fax | (713) 592-6780 | | | Services: |
| Type: | Parent Agency | Administrator | PABLITO CALUSCOS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 01/09/1996 | Owner Information |
| License # | 004688 | | | | | IPR HEALTHCARE SYSTEM INC |
| Lic Expire | 01/31/2019 | | | | | 8830 INTERCHANGE DRIVE |
| Medicare 1: | 458306 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 592-6776 | Fax | (713) 592-6780 | | | Services: |
| Type: | Parent Agency | Administrator | PABLITO CALUSCOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/31/2014 | Owner Information |
| License # | 016113 | | | | | IVORY HEALTHCARE AGENCY, INC. |
| Lic Expire | 01/31/2018 | | | | | 10101 FONDREN ROAD, STE 428 |
| Medicare 1: | 673121 | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (281) 261-0874 | Fax | (281) 499-6686 | | | Services: |
| Type: | Parent Agency | Administrator | AMOKE ADETAYO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/17/2012 | Owner Information |
| License # | 014880 | | | | | JADALIA HOME HEALTH AGENCY, INC |
| Lic Expire | 04/30/2018 | | | | | 14651 LEACREST DR |
| Medicare 1: | 747001 | | | | | HOUSTON, TX 77049 |
| Medicare 2: | | | | | | |
| Phone | (281) 454-2077 | Fax | (281) 454-2089 | | | Services: |
| Type: | Parent Agency | Administrator | MOLANDA SAULSBERRY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/12/2017 | Owner Information |
| License # | 017979 | | | | | JAEG BRIGHT MEDICAL SERVICES, INC. |
| Lic Expire | 01/31/2019 | | | | | 9894 BISSONNET STREET SUITE 525 |
| Medicare 1: | 679229 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 779-7042 | Fax | (713) 779-7093 | | | Services: |
| Type: | Parent Agency | Administrator | ARCHIBONG NYANIBO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/18/2008 | Owner Information |
| License # | 012039 | | | | | JAIMEL HEALTH CARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 9950 WESTPARK DRIVE SUITE 404 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 728-0500 | Fax | (713) 728-0501 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES DIALA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/31/2008 | Owner Information |
| License # | 012039 | | | | | JAIMEL HEALTH CARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 9950 WESTPARK DRIVE SUITE 404 |
| Medicare 1: | 743198 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 780-2968 | Fax | (713) 780-2936 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES DIALA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/17/2017 | Owner Information |
| License # | 018334 | | | | | JAMEN HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 10101 FONDREN RD SUITE 226 |
| Medicare 1: | 747862 | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (281) 879-6485 | Fax | (281) 520-4641 | | | Services: |
| Type: | Parent Agency | Administrator | LOURDES P ANCHETA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/30/2014 | Owner Information |
| License # | 016506 | | | | | JB HEALTH SERVICES LLC |
| Lic Expire | 10/31/2018 | | | | | 7903 LOBERA DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 982-8593 | Fax | (832) 886-4536 | | | Services: |
| Type: | Parent Agency | Administrator | MODUPEOLA AKANDE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2015 | <u>Owner Information</u> |
| License # | 017274 | | | | | JEDS HEALTH CARE SERVICES INC |
| Lic Expire | 11/30/2017 | | | | | 2470 GRAY FALLS, SUITE#140 |
| Medicare 1: | 673166 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 240-1174 | Fax | (281) 240-1173 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HILDA RAMIREZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2011 | <u>Owner Information</u> |
| License # | 014548 | | | | | JEKS HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 14111 RENN ROAD |
| Medicare 1: | 747870 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 379-3635 | Fax | (281) 495-7070 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDITH EZEKWE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/29/2016 | <u>Owner Information</u> |
| License # | 017292 | | | | | PAISLEY CONSULTANTS LLC |
| Lic Expire | 02/28/2018 | | | | | 7324 SOUTHWEST FRWY #155 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 596-9700 | Fax | (713) 703-2810 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HOLLIS ALEXANDER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/20/2016 | <u>Owner Information</u> |
| License # | 017805 | | | | | JF SPRING HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 2739 CYPRESS ISLAND DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77073 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 780-1226 | Fax | (281) 857-6729 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUSTINE FOMUKONG | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/09/2017 | <u>Owner Information</u> |
| License # | 018378 | | | | | JOGOO HEALTHCARE SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | 7910 BEECH MEADOW LN |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 867-9862 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELYN OGETO-OMWEGA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/15/2015 | <u>Owner Information</u> |
| License # | 016736 | | | | | JOINT HEALTH CARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 2600 SOUTH LOOP WEST SUITE 560 |
| Medicare 1: | 457815 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 592-8955 | Fax | (713) 592-8978 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OMOLOLA ASORO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2003 | <u>Owner Information</u> |
| License # | 008407 | | | | | JOSH HEALTHCARE SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 9207 COUNTRY CREEK DRIVE 204 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-0737 | Fax | (713) 777-5669 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GODFREY UDUMA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/20/2005 | <u>Owner Information</u> |
| License # | 009823 | | | | | JOVIC HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 8919 INGLEBROOK LANE |
| Medicare 1: | 679568 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 519-9470 | Fax | (832) 519-9405 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JONATHAN N PAMUGO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/12/2002 | Owner Information |
| License # | 008182 | | | | | STAR HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 9503 PICKWELL COURT |
| Medicare 1: | 679247 | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (832) 288-4928 | Fax | (832) 288-4844 | | | Services: |
| Type: | Parent Agency | Administrator | RAMON BANE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/07/2015 | Owner Information |
| License # | 016894 | | | | | JUBIEC INC |
| Lic Expire | 07/31/2019 | | | | | 13510 GARY VIRBO DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 804-9965 | Fax | (281) 564-0373 | | | Services: |
| Type: | Parent Agency | Administrator | JUDE NAWWUEZE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/2017 | Owner Information |
| License # | 018456 | | | | | JUBILEE HEALTH CARE INC |
| Lic Expire | 10/31/2019 | | | | | 13619 TONNOCHY DRIVE |
| Medicare 1: | 679787 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 216-2555 | Fax | (877) 915-1555 | | | Services: |
| Type: | Parent Agency | Administrator | KENNEDY OBANOR | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/2011 | Owner Information |
| License # | 014219 | | | | | JUST ABSOLUTE HEALTH CARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 6250 WESTPARK DRIVE SUITE #238 |
| Medicare 1: | 747698 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (281) 974-1917 | Fax | (281) 974-1765 | | | Services: |
| Type: | Parent Agency | Administrator | MIKE EZIULOH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/14/2008 | Owner Information |
| License # | 012008 | | | | | JUST REAL KARE INC |
| Lic Expire | 05/31/2019 | | | | | 9900 WESTPARK DRIVE SUITE #220 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 266-2604 | Fax | (713) 266-2611 | | | Services: |
| Type: | Parent Agency | Administrator | ROSIE WILSON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/28/2010 | Owner Information |
| License # | 013420 | | | | | JUSTICE HEALTHCARE GROUP INCORPORATED |
| Lic Expire | 06/30/2018 | | | | | 7324 SOUTHWEST FREEWAY SUITE 660 |
| Medicare 1: | 747724 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-2621 | Fax | (713) 271-2380 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLYN DOUGLAS CURRY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/20/2014 | Owner Information |
| License # | 016102 | | | | | KAYCEE INTEGRITY HEALTH SERVICES INC |
| Lic Expire | 03/31/2020 | | | | | 9050 COOK ROAD STE 206 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 564-1349 | Fax | (281) 564-1573 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA UBI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/11/2015 | Owner Information |
| License # | 017171 | | | | | KBC HOME HEALTHCARE INC |
| Lic Expire | 12/31/2019 | | | | | P O BOX 496 |
| Medicare 1: | | | | | | ALIEF, TX 77411 |
| Medicare 2: | | | | | | |
| Phone | (346) 207-8232 | Fax | (281) 417-0747 | | | Services: |
| Type: | Parent Agency | Administrator | NATHAN PHAM | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 05/31/2012 | <u>Owner Information</u> |
| License # | 014835 | | | | | KELLIES SITTING SERVICES, INC. |
| Lic Expire | 05/31/2018 | | | | | 2646 SOUTH LOOP W, #115 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 888-5252 | Fax | (832) 301-3994 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLENDA WASHINGTON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/03/2017 | <u>Owner Information</u> |
| License # | 017939 | | | | | KERICO HOME CLINIC SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 11721 HEIGHTS TRAIL LN |
| Medicare 1: | | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 608-0046 | Fax | (713) 574-2744 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PEACE C AGBASIELE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2007 | <u>Owner Information</u> |
| License # | 011156 | | | | | KESWOOD HOME HEALTH SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 16232 |
| Medicare 1: | 747055 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 416-4663 | Fax | (281) 416-4878 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KINGSLEY OKEKE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/08/2016 | <u>Owner Information</u> |
| License # | 017348 | | | | | KID ADVENTURES PEDIATRIC THERAPY PLLC |
| Lic Expire | 04/30/2018 | | | | | 3027 WESTWOOD MANOR LN |
| Medicare 1: | | | | | | HOUSTON, TX 77047 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 661-5400 | Fax | (832) 202-2375 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LATOYA MITCHELL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/20/2006 | <u>Owner Information</u> |
| License # | 010371 | | | | | KDT LLC |
| Lic Expire | 02/29/2020 | | | | | 6109 MAPLE |
| Medicare 1: | 679075 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 668-6690 | Fax | (713) 668-6563 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DIANA DINN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/14/2007 | <u>Owner Information</u> |
| License # | 011337 | | | | | KINA HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 6666 HARWIN DR SUITE 290 |
| Medicare 1: | 679398 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 776-2551 | Fax | (713) 776-2553 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | INNOCENT ABAKWUE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2015 | <u>Owner Information</u> |
| License # | 017092 | | | | | KINDLE HOSPICE, LLC |
| Lic Expire | 06/30/2019 | | | | | 1981 MARCUS AVENUE, SUITE #C129 |
| Medicare 1: | 671719 | | | | | NEW HYDE PARK, NY 11042 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 558-8000 | Fax | (832) 558-8001 | | | Hospice |
| Type: | Parent Agency | Administrator | CALLISTA DAVIS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/13/2015 | Owner Information |
| License # | 017074 | | | | | NP PLUS LLC |
| Lic Expire | 10/31/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (713) 979-3595 | Fax | (713) 979-3596 | | | Services: |
| Type: | Parent Agency | Administrator | MEGHAN DEVILLIER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/30/2012 | Owner Information |
| License # | 014961 | | | | | KINGSLEY HOME CARE INC |
| Lic Expire | 07/31/2018 | | | | | 6628 WILCREST DR SUITE B200 |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (281) 495-9927 | Fax | (888) 676-5604 | | | Services: |
| Type: | Parent Agency | Administrator | MY-LYNH NGUYEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/24/2003 | Owner Information |
| License # | 008679 | | | | | KINGSPPOINT HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 10900 KINGSPPOINT SUITE #10 |
| Medicare 1: | 679107 | | | | | HOUSTON, TX 77075 |
| Medicare 2: | | | | | | |
| Phone | (713) 378-4488 | Fax | (713) 378-4477 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN A KWANG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/29/2009 | Owner Information |
| License # | 012931 | | | | | KOBY HOME HEALTH INC |
| Lic Expire | 10/31/2017 | | | | | 14203 BERRINGTON DRIVE |
| Medicare 1: | 747681 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 879-6610 | Fax | (713) 436-6408 | | | Services: |
| Type: | Parent Agency | Administrator | NKIRU IBEABUCHI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/30/2015 | Owner Information |
| License # | 016817 | | | | | LA ANCHOR HOME HEALTH SERVICES, INC. |
| Lic Expire | 04/30/2019 | | | | | 7211 REGENCY SQUARE BLVD #210 |
| Medicare 1: | 747487 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 251-3311 | Fax | (832) 251-3312 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN AKPAN-OKOP | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/2017 | Owner Information |
| License # | 017890 | | | | | LAKEFRONT CARE INC |
| Lic Expire | 01/31/2019 | | | | | 9898 BISSONNET STREET SUITE 480 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 235-6029 | Fax | (713) 776-3993 | | | Services: |
| Type: | Parent Agency | Administrator | OKORIE UWAKWE OKO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/10/2016 | Owner Information |
| License # | 017734 | | | | | LANORAH'S PERSONAL CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 8230 HOMEWOOD LN |
| Medicare 1: | | | | | | HOUSTON, TX 77028 |
| Medicare 2: | | | | | | |
| Phone | (832) 953-5721 | Fax | (713) 344-8721 | | | Services: |
| Type: | Parent Agency | Administrator | LANORAH WOODHOUSE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/15/2011 | <u>Owner Information</u> |
| License # | 013893 | | | | | IKE MCDONALD |
| Lic Expire | 02/28/2019 | | | | | 10135 GLENGATE LN |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 513-1564 | Fax | (713) 541-0445 | | | Services: |
| Type | Parent Agency | Administrator | IKE MCDONALD | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/07/2016 | <u>Owner Information</u> |
| License # | 017446 | | | | | LIFE JURNEE HOME CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 18731 W. WINDHAVEN TERRACE TRAIL |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (281) 652-5404 | Fax | (281) 652-5404 | | | Services: |
| Type | Parent Agency | Administrator | MARKESHA DOZIER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/26/2017 | <u>Owner Information</u> |
| License # | 018133 | | | | | LIFEBRIDGE HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 4540 S PINEMONT DR STE 110 |
| Medicare 1: | | | | | | HOUSTON, TX 77041 |
| Medicare 2: | | | | | | |
| Phone | (281) 746-3314 | Fax | (713) 688-7016 | | | Services: |
| Type | Parent Agency | Administrator | DERRICK VEILLON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/16/2006 | <u>Owner Information</u> |
| License # | 010549 | | | | | LIFECARE HEALTH SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | P.O. BOX 185 |
| Medicare 1: | 679601 | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | |
| Phone | (281) 501-8394 | Fax | (281) 974-3238 | | | Services: |
| Type | Parent Agency | Administrator | SHOLA ODUNTAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/23/2016 | <u>Owner Information</u> |
| License # | 017815 | | | | | LIFEPOINTE HOSPICE AND HOME HEALTH |
| Lic Expire | 12/31/2018 | | | | | 12425 ISLAND DRIVE |
| Medicare 1: | 747582 | | | | | TOMBALL, TX 77377 |
| Medicare 2: | | | | | | |
| Phone | (281) 731-2893 | Fax | (281) 501-1896 | | | Services: |
| Type | Parent Agency | Administrator | VIRGINIA R. JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 04/25/2016 | <u>Owner Information</u> |
| License # | 017365 | | | | | ADVANCE HI TECH NURSING INC |
| Lic Expire | 04/30/2018 | | | | | 6243 IH 10 SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Services: |
| Type | Parent Agency | Administrator | PHILLEATRO RILES | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/06/2010 | <u>Owner Information</u> |
| License # | 013757 | | | | | LIFESTYLE HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 5322 WEST BELLFORT AVE, STE #215 |
| Medicare 1: | 747751 | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | |
| Phone | (281) 741-4197 | Fax | (281) 741-1275 | | | Services: |
| Type | Parent Agency | Administrator | VANESSA JOHNS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/05/2006 | <u>Owner Information</u> |
| License # | 010788 | | | | | LIFEWAY HEALTHCARE INC |
| Lic Expire | 10/31/2018 | | | | | 10039 BISSONNET STREET SUITE 112 |
| Medicare 1: | 743133 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 495-5100 | Fax | (281) 495-5101 | | | Services: |
| Type | Parent Agency | Administrator | AIROBOMAN OMOEGBELE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/04/2008 | <u>Owner Information</u> |
| License # | 011794 | | | | | LIVELONG HEALTH CARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 15415 WAUMSLEY WAY |
| Medicare 1: | 747278 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-5026 | Fax | (713) 777-5034 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTOPHER OBAZE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/26/2007 | <u>Owner Information</u> |
| License # | 011022 | | | | | LIVHOME INC |
| Lic Expire | 01/31/2019 | | | | | 5670 WILSHIRE BLVD, SUITE 500 |
| Medicare 1: | | | | | | LOS ANGELES, CA 90036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 622-6200 | Fax | (713) 622-6207 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KELLEY RICHARD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/18/2015 | <u>Owner Information</u> |
| License # | 016867 | | | | | LIVING & LOVING HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 14615 CARMINE GLEN DR |
| Medicare 1: | | | | | | HOUSTON, TX 77049 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 888-6210 | Fax | (832) 218-3732 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CREDESHA BROWN-BELLANGER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2007 | <u>Owner Information</u> |
| License # | 011392 | | | | | LIVING HOPE HEALTHCARE INC |
| Lic Expire | 06/30/2019 | | | | | 12621 FEATHERWOOD DRIVE, SUITE #243 |
| Medicare 1: | 743196 | | | | | HOUSTON, TX 77034 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 484-6500 | Fax | (281) 484-6501 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TIJU THOMAS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/12/2014 | <u>Owner Information</u> |
| License # | 016557 | | | | | LONG LIFE HEALTHCARE OF TEXAS, LLC |
| Lic Expire | 12/31/2018 | | | | | 8866 GULF FRWY STE 400F |
| Medicare 1: | | | | | | HOUSTON, TX 77017 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 649-5947 | Fax | (832) 767-1396 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA MARISCAL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/14/2015 | <u>Owner Information</u> |
| License # | 017026 | | | | | LOTUS HOSPICE, INC |
| Lic Expire | 09/30/2019 | | | | | 9950 WESTPARK DRIVE SUITE 644 |
| Medicare 1: | 741662 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 790-9259 | Fax | (281) 564-7326 | | | Hospice |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/2016 | <u>Owner Information</u> |
| License # | 017776 | | | | | MDH GATEWAY LLC |
| Lic Expire | 12/31/2018 | | | | | 12735 SKYKNOLL LN |
| Medicare 1: | | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 770-9234 | Fax | (832) 486-9851 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JO LAFONCK | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/21/2017 | <u>Owner Information</u> |
| License # | 018527 | | | | | LOVING ARMS SENIOR ASSISTANCE LLC |
| Lic Expire | 12/31/2019 | | | | | 16747 QUAIL PARK DRIVE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 537-1700 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMARA WELLINGTON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/16/2017 | Owner Information |
| License # | 018452 | | | | | LOVING HEARTS HOSPICE / PALLIATIVE CARE INC. |
| Lic Expire | 11/30/2019 | | | | | 6666 HARWIN DR #205A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 408-7722 | Fax | (832) 649-2978 | | | Services: |
| Type: | Parent Agency | Administrator | SERGE UKAWILU | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/04/1999 | Owner Information |
| License # | 007087 | | | | | STELLA AVWORO |
| Lic Expire | 08/31/2018 | | | | | 12738 VILLAWOOD LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (281) 530-2539 | Fax | (281) 498-8243 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA AVWORO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/22/2004 | Owner Information |
| License # | 009421 | | | | | LOYAL HOME HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12738 VILLAWOOD LN |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (281) 530-2539 | Fax | (281) 498-8243 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA AVWORO | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/1998 | Owner Information |
| License # | 006749 | | | | | LUCKY HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 10103 FONDREN STE 460 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 773-1066 | Fax | (713) 773-0445 | | | Services: |
| Type: | Parent Agency | Administrator | CATHERINE OSUAGWU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2011 | Owner Information |
| License # | 014649 | | | | | M & M ADVANCED HEALTHCARE INC |
| Lic Expire | 11/30/2017 | | | | | 4635 SOUTHWEST FREEWAY, SUITE 300 |
| Medicare 1: | 679785 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (281) 822-0150 | Fax | (281) 822-0155 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH DEGUZMAN | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/15/2017 | Owner Information |
| License # | 018108 | | | | | M.A.C.S. HEALTHY LIVING HOMECARE, LLC |
| Lic Expire | 06/30/2019 | | | | | 2630 MONTICELLO DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77045 |
| Medicare 2: | | | | | | |
| Phone | (281) 206-3353 | Fax | (281) 596-4333 | | | Services: |
| Type: | Parent Agency | Administrator | SHERICE SHEPPARD | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2010 | Owner Information |
| License # | 013069 | | | | | MACY'S HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 5519 GATESPRING LANE |
| Medicare 1: | 747440 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 822-6211 | Fax | (281) 822-6214 | | | Services: |
| Type: | Parent Agency | Administrator | FORSTER IHUEFO OBIANAGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/23/2015 | Owner Information |
| License # | 017322 | | | | | MADONNA HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 8700 COMMERCE PARK DR. STE. #239 |
| Medicare 1: | 679755 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 232-8118 | Fax | (832) 595-1555 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL NGOLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/15/2007 | Owner Information |
| License # | 011333 | | | | | MAJESTIK CARE PROVIDERS INC |
| Lic Expire | 02/29/2020 | | | | | 8700 COMMERCE PARK DRIVE SUITE 110 |
| Medicare 1: | 677907 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 767-1729 | Fax | (832) 767-2845 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCES OKAFOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/11/2017 | Owner Information |
| License # | 018369 | | | | | MASTER GERIATRIC CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 6819 COOK ROAD, APT 1304 |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (281) 745-4335 | Fax | (832) 917-0929 | | | Services: |
| Type: | Parent Agency | Administrator | ROSSLYN KANU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2006 | Owner Information |
| License # | 010369 | | | | | MASTERS HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 11999 KATY FREEWAY #275 |
| Medicare 1: | 458098 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (281) 589-8125 | Fax | (281) 589-0464 | | | Services: |
| Type: | Parent Agency | Administrator | WAGEE KAMEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/23/2011 | Owner Information |
| License # | 013975 | | | | | MATOLL HEALTH SERVICES, INC. |
| Lic Expire | 03/31/2019 | | | | | 9800 CENTRE PARKWAY SUITE 157 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 969-7622 | Fax | (877) 903-8431 | | | Services: |
| Type: | Parent Agency | Administrator | MARY ADEGBORIOYE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/17/2017 | Owner Information |
| License # | 018255 | | | | | MAXCARE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 8700 COMMERCE PARK SUITE 121 |
| Medicare 1: | 679093 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 325-2132 | Fax | (713) 534-1164 | | | Services: |
| Type: | Parent Agency | Administrator | FLORA UCHEA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/16/2011 | Owner Information |
| License # | 014130 | | | | | TRIUMPHANT INVESTMENTS, INC. |
| Lic Expire | 05/31/2019 | | | | | 9801 WESTHEIMER RD STE 302 |
| Medicare 1: | 459384 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (281) 903-1336 | Fax | (281) 903-2301 | | | Services: |
| Type: | Parent Agency | Administrator | SUSANNA AMUNE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/29/2005 | Owner Information |
| License # | 010275 | | | | | MAXWELL PROVIDERS, INC. |
| Lic Expire | 11/30/2019 | | | | | 7457 HARWIN DRIVE, SUITE #130A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-7703 | Fax | (713) 783-7519 | | | Services: |
| Type: | Parent Agency | Administrator | AMENZE OSAZUWA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/25/2012 | Owner Information |
| License # | 015090 | | | | | MCL HOME THERAPY LLC |
| Lic Expire | 09/30/2016 | | | | | 13107ADVANCE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77065 |
| Medicare 2: | | | | | | |
| Phone | (832) 688-9305 | Fax | (832) 688-8832 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE MARIE S AZCONA | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/17/2012 | <u>Owner Information</u> |
| License # | 015202 | | | | | MED FORCE MEDICAL SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 12337 JONES RD SUITE 224 |
| Medicare 1: | | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | |
| Phone | (281) 894-7003 | Fax | (281) 894-7010 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA GLOVER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/14/2007 | <u>Owner Information</u> |
| License # | 011583 | | | | | MEDCORE HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 3880 GREENHOUSE ROAD STE. #319 |
| Medicare 1: | 671724 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 394-2042 | Fax | (866) 395-3908 | | | Services: |
| Type: | Parent Agency | Administrator | DERVAL A ROMANS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/01/2002 | <u>Owner Information</u> |
| License # | 008138 | | | | | MED-HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 3001 WICHITA STREET |
| Medicare 1: | 459256 | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (713) 661-6607 | Fax | (713) 522-0333 | | | Services: |
| Type: | Parent Agency | Administrator | MARY JONES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/1995 | <u>Owner Information</u> |
| License # | 003491 | | | | | MEDICAL INSIGHTS & CARE UNLIMITED LP |
| Lic Expire | 12/31/2017 | | | | | PO BOX 721350 |
| Medicare 1: | 677211 | | | | | HOUSTON, TX 77272 |
| Medicare 2: | | | | | | |
| Phone | (713) 774-6428 | Fax | (713) 774-3822 | | | Services: |
| Type: | Parent Agency | Administrator | TODORICO C MALIGAD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/1995 | <u>Owner Information</u> |
| License # | 003492 | | | | | MEDICAL INSIGHTS & CARE UNLIMITED LP |
| Lic Expire | 12/31/2018 | | | | | PO BOX 721350 |
| Medicare 1: | | | | | | HOUSTON, TX 77272 |
| Medicare 2: | | | | | | |
| Phone | (713) 774-6428 | Fax | (713) 774-3822 | | | Services: |
| Type: | Parent Agency | Administrator | WILHELMINA G NAZARETH | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/14/2013 | <u>Owner Information</u> |
| License # | 015307 | | | | | MEDISTAR PROVIDER SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7333 HARWIN DRIVE #213 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 266-2820 | Fax | (832) 203-5868 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA VIVAR | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/08/2013 | <u>Owner Information</u> |
| License # | 015530 | | | | | MFG HEALTH SERVICES, LLC |
| Lic Expire | 05/31/2019 | | | | | 9111 KATY FREEWAY, SUITE #310 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (713) 932-0017 | Fax | (713) 932-0039 | | | Services: |
| Type: | Parent Agency | Administrator | MILA KIL | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/08/2014 | <u>Owner Information</u> |
| License # | 016196 | | | | | ADVANCED HEALTH EDUCATION CENTER, LTD |
| Lic Expire | 05/31/2018 | | | | | 8502 TYBOR |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-4836 | Fax | (713) 596-9770 | | | Services: |
| Type: | Parent Agency | Administrator | KELLI KILCHRIST | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/01/2005 | Owner Information |
| License # | 010103 | | | | | MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | 8705 VARNER RD |
| Medicare 1: | 679593 | | | | | HOUSTON, TX 77080 |
| Medicare 2: | | | | | | |
| Phone | (713) 722-8009 | Fax | (713) 722-8099 | | | Services: |
| Type: | Parent Agency | Administrator | ARTIE DMELLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/05/2010 | Owner Information |
| License # | 013285 | | | | | MEGACARE HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 8313 SOUTHWEST FREEWAY SUITE #217 |
| Medicare 1: | 673193 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 995-0675 | Fax | (713) 995-0445 | | | Services: |
| Type: | Parent Agency | Administrator | VINCE DIKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/22/2007 | Owner Information |
| License # | 011175 | | | | | TAB INTERNATIONAL INC |
| Lic Expire | 03/31/2018 | | | | | 10101 FONDREN ROAD SUITE 428 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 772-2726 | Fax | (713) 981-1990 | | | Services: |
| Type: | Parent Agency | Administrator | ABAYOMI BALOGUN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2002 | Owner Information |
| License # | 007859 | | | | | MEMORIAL HERMANN HOME HEALTH |
| Lic Expire | 12/31/2019 | | | | | 16538 AIR CENTER BLVD SUITE #150 |
| Medicare 1: | 45Q7741001 | | | | | HOUSTON, TX 77032 |
| Medicare 2: | | | | | | |
| Phone | (281) 784-7500 | Fax | (281) 784-7501 | | | Services: |
| Type: | Branch Agency | Administrator | MAUREEN CORMIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2002 | Owner Information |
| License # | 007859 | | | | | MEMORIAL HERMANN HOME HEALTH |
| Lic Expire | 12/31/2019 | | | | | 11914 ASTORIA BLVD SUITE 390 |
| Medicare 1: | 45Q7741002 | | | | | HOUSTON, TX 77089 |
| Medicare 2: | | | | | | |
| Phone | (281) 929-4550 | Fax | (281) 929-4551 | | | Services: |
| Type: | Branch Agency | Administrator | MAUREEN CORMIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/27/2010 | Owner Information |
| License # | 011389 | | | | | MEMORIAL HERMANN HOSPICE |
| Lic Expire | 01/31/2018 | | | | | 929 GESSNER RD STE 2700 |
| Medicare 1: | 451562 | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (713) 338-7300 | Fax | (713) 338-7371 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | PATRICK JONES | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2007 | Owner Information |
| License # | 011389 | | | | | MEMORIAL HERMANN HOSPICE |
| Lic Expire | 01/31/2018 | | | | | 929 GESSNER RD STE 2700 |
| Medicare 1: | 451562 | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (713) 338-7400 | Fax | (713) 338-7401 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICK JONES | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 04/30/2017 | <u>Owner Information</u> |
| License # | 018038 | | | | | MERCERIS HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 15322 MIRA VISTA DRIVE |
| Medicare 1: | 747667 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 342-1980 | Fax | (281) 342-9912 | | | Services: |
| Type: | Parent Agency | Administrator | BOLA ODUSOLA - STEPHEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/26/2004 | <u>Owner Information</u> |
| License # | 008935 | | | | | MERCY HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 10707 GLENFIELD COURT |
| Medicare 1: | 673160 | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 721-2869 | Fax | (713) 721-2684 | | | Services: |
| Type: | Parent Agency | Administrator | RITA MADU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/29/2014 | <u>Owner Information</u> |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (281) 988-5304 | Fax | (281) 988-5309 | | | Services: |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/11/2012 | <u>Owner Information</u> |
| License # | 015527 | | | | | WELL-CARE HOME HEALTH INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 1230 |
| Medicare 1: | 679640 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | |
| Phone | (281) 988-5304 | Fax | (281) 988-5309 | | | Services: |
| Type: | Parent Agency | Administrator | MOHAMMED MUJTABA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/01/2012 | <u>Owner Information</u> |
| License # | 014838 | | | | | METRO CARE TEAM LLC |
| Lic Expire | 04/30/2018 | | | | | 2550 GRAY FALLS DRIVE, SUITE 142 |
| Medicare 1: | 453106 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (832) 328-1818 | Fax | (832) 328-1820 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES NWANNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/18/2002 | <u>Owner Information</u> |
| License # | 007872 | | | | | CLEMENTS MOORE INC |
| Lic Expire | 03/31/2019 | | | | | 9894 BISSONNET STREET, SUITE #340 |
| Medicare 1: | 677901 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 777-9600 | Fax | (713) 777-9664 | | | Services: |
| Type: | Parent Agency | Administrator | NAOMI MOORE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/11/2003 | <u>Owner Information</u> |
| License # | 008420 | | | | | MGM VISION HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 8303 S.W. FRWY #445 |
| Medicare 1: | 679349 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 779-4560 | Fax | (713) 779-4282 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET DYER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/31/2014 | <u>Owner Information</u> |
| License # | 016354 | | | | | MIDTOWN HOSPICE, INC. |
| Lic Expire | 07/31/2018 | | | | | 2217 BLODGETT STREET, SUITE #707 |
| Medicare 1: | 741649 | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (832) 549-0994 | Fax | (713) 521-1277 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER ROY | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 07/26/2016 | Owner Information |
| License # | 017543 | | | | | MILLENNIAL PERSONAL CARE SERVICE LLC |
| Lic Expire | 07/31/2018 | | | | | 2502 LA BRANCH STREET |
| Medicare 1: | | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (662) 491-8889 | Fax | (855) 420-6904 | | | Services: |
| Type: | Parent Agency | Administrator | BRITTANY STERLING | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/14/2017 | Owner Information |
| License # | 018445 | | | | | DEBRA A HUNTER |
| Lic Expire | 11/30/2019 | | | | | 15214 RIPPLEWIND LN |
| Medicare 1: | | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (281) 253-0331 | Fax | (281) 674-8391 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA A HUNTER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/26/2015 | Owner Information |
| License # | 016882 | | | | | GOAL-GIVING OPPORTUNITIES AT LIFE INC |
| Lic Expire | 06/30/2019 | | | | | 800 WILCREST DRIVE SUITE 204 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (281) 501-0350 | Fax | (888) 891-6316 | | | Services: |
| Type: | Parent Agency | Administrator | EDRICK BAHAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/26/2017 | Owner Information |
| License # | 018401 | | | | | MOMENTS HOSPICE AND PALLIATIVE CARE |
| Lic Expire | 10/31/2019 | | | | | 5322 WEST BELLFORT AVE #214 |
| Medicare 1: | | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | |
| Phone | (832) 767-5317 | Fax | (281) 501-8397 | | | Services: |
| Type: | Parent Agency | Administrator | ADRIENNE ALLEN | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 11/19/2012 | Owner Information |
| License # | 015316 | | | | | DIVINE MOTHER LOVE HEALTH CARE SERVICES, INC. |
| Lic Expire | 11/30/2018 | | | | | 9950 WESTPARK DRIVE, SUITE #634 |
| Medicare 1: | 747465 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 534-1108 | Fax | (888) 604-9472 | | | Services: |
| Type: | Parent Agency | Administrator | CHUDI OGADI | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/04/2010 | Owner Information |
| License # | 013512 | | | | | MOUNT SINAI HOME CARE |
| Lic Expire | 08/31/2018 | | | | | 15006 EMPANADA DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (713) 955-5868 | Fax | (281) 575-7739 | | | Services: |
| Type: | Parent Agency | Administrator | OLAPEJU O OLATEJU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/19/2015 | Owner Information |
| License # | 016978 | | | | | MULTI-SERVICE HEALTHCARE INC |
| Lic Expire | 08/31/2017 | | | | | 8700 COMMERCE PARK SUITE 218A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 777-7848 | Fax | (832) 777-7858 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL NYUMA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/08/2017 | Owner Information |
| License # | 018304 | | | | | MYFAMILY HEALTHCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 9800 CENTRE PARKWAY STE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 742-8621 | Fax | (346) 240-3857 | | | Services: |
| Type: | Parent Agency | Administrator | LEO DELA ROSA | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/18/2017 | Owner Information |
| License # | 018175 | | | | | MYFAMILY HOSPICE LLC |
| Lic Expire | 07/31/2019 | | | | | 9800 CENTRE PARKWAY STE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-0095 | Fax | (713) 271-7002 | | | Services: |
| Type: | Parent Agency | Administrator | LEO DELA ROSA | | | Licensed Home Health Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/28/2015 | Owner Information |
| License # | 017002 | | | | | MZEE HOME CARE SERVICES, LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 90441 |
| Medicare 1: | | | | | | HOUSTON, TX 77290 |
| Medicare 2: | | | | | | |
| Phone | (832) 649-9546 | Fax | (281) 537-8858 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER D CLAY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2009 | Owner Information |
| License # | 013155 | | | | | NATIONAL HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2017 | | | | | 507 N SAM HOUSTON PKWY E SUITE 625 |
| Medicare 1: | 673129 | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-9890 | Fax | (713) 270-9891 | | | Services: |
| Type: | Parent Agency | Administrator | CYPRIAN OBIOZOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2014 | Owner Information |
| License # | 016721 | | | | | NATIONAL NURSING & REHAB HOUSTON LLC |
| Lic Expire | 11/30/2018 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | 679608 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (281) 858-1660 | Fax | (281) 858-8797 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA DISHER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/11/2014 | Owner Information |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (281) 858-1660 | Fax | (281) 858-8797 | | | Services: |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/10/2012 | Owner Information |
| License # | 014716 | | | | | NATIONS PIONEER HEALTH SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 11224 SOUTHWEST FREEWAY SUITE 240 |
| Medicare 1: | 679332 | | | | | HOUSTON, TX 77031 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-1987 | Fax | (713) 270-1988 | | | Services: |
| Type: | Parent Agency | Administrator | BAMIDELE JOKODOLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/2011 | Owner Information |
| License # | 014411 | | | | | NAZAM HEALTH CARE SERVICES, INC. |
| Lic Expire | 10/31/2019 | | | | | 17719 QUIET LOCH LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (832) 466-7300 | Fax | (832) 593-4946 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA AMARACHI WAMAH | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/05/2013 | Owner Information |
| License # | 015855 | | | | | NAZARETH HOME HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 13778 BRANFORD GREENS DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 983-0915 | Fax | (832) 328-9899 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN EGECE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/28/2005 | Owner Information |
| License # | 010085 | | | | | NCJ HEALTH SYSTEM INC |
| Lic Expire | 10/31/2019 | | | | | 12827 KITTYBROOK LANE |
| Medicare 1: | 679609 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 772-4858 | Fax | (713) 772-4857 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NGOZI EDITH EZEJI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/07/2016 | Owner Information |
| License # | 017345 | | | | | ND HEALTHCARE SERVICES, INC |
| Lic Expire | 04/30/2018 | | | | | 9898 BISSONNET ST STE 582 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 888-6408 | Fax | (832) 530-4496 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NKECHINYERE C ANORUE-UDOKA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/31/2014 | Owner Information |
| License # | 016683 | | | | | BAKERRIPLEY |
| Lic Expire | 12/31/2018 | | | | | P O BOX 271389 |
| Medicare 1: | | | | | | HOUSTON, TX 77277 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 956-1888 | Fax | (832) 413-5804 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TANYA M TREECE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/10/2012 | Owner Information |
| License # | 015000 | | | | | NEIGHBOURS HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 12611 LALEU LN |
| Medicare 1: | 747900 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 343-6262 | Fax | (713) 721-2727 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELIX ONWUKWE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2007 | Owner Information |
| License # | 011666 | | | | | NELO HEALTH CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 6802 LAUDERWICK COURT |
| Medicare 1: | 747086 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 398-5510 | Fax | (281) 398-5525 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHUDY NSOBUNDU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/05/1997 | Owner Information |
| License # | 005983 | | | | | NEW AGE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 8814 FONDREN VILLAGE DRIVE |
| Medicare 1: | 459125 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 726-0600 | Fax | (713) 726-0615 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KUBRAT KEMI KUFORJI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/06/2005 | Owner Information |
| License # | 009517 | | | | | NEW CREATION CARE INC |
| Lic Expire | 01/31/2020 | | | | | 7923 DAIRY VIEW LANE |
| Medicare 1: | 457898 | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 879-0106 | Fax | (281) 564-0377 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AUGUSTINE ENEHIKHUERE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2016 | Owner Information |
| License # | 017606 | | | | | NEW ESSENCE HEALTHCARE INC |
| Lic Expire | 03/31/2018 | | | | | 7100 REGENCY SQUARE BLVD #272 |
| Medicare 1: | 747586 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 623-7199 | Fax | (832) 834-7839 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MINH AMH PHAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/21/2014 | Owner Information |
| License # | 016323 | | | | | GARY ANTHONY INVESTMENTS, LLC |
| Lic Expire | 07/31/2018 | | | | | 2125 YALE STREET, #501 |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 602-2282 | Fax | (855) 312-0765 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GARY WILLIAMS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/12/2005 | Owner Information |
| License # | 009755 | | | | | THE NEW LIFE CENTER INC |
| Lic Expire | 05/31/2018 | | | | | 18019 WINSFORD DRIVE |
| Medicare 1: | 679533 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 435-0141 | Fax | (281) 550-2018 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOSEPH OSEI FRIMPONG | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/15/1990 | Owner Information |
| License # | 002102 | | | | | NEW LIFE PERINATAL HEALTH CARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 515 N SAM HOUSTON PKWY E, SUITE #215 |
| Medicare 1: | 677254 | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 578-1205 | Fax | (281) 931-4429 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MATTIE MASON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/19/2004 | Owner Information |
| License # | 009419 | | | | | NEWCHANNEL INCORPORATED |
| Lic Expire | 11/30/2019 | | | | | PO BOX 36932 |
| Medicare 1: | 677873 | | | | | HOUSTON, TX 77274 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 668-4141 | Fax | (713) 668-4142 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA ENYI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/06/2015 | Owner Information |
| License # | 017050 | | | | | NEWSTART HOME CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 7100 REGENCY SQUARE BLVD., #134 |
| Medicare 1: | 677983 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 780-8889 | Fax | (713) 780-8003 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHIKERENMA ODUNZE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/14/2008 | Owner Information |
| License # | 012161 | | | | | NICHE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 7066 LAKEVIEW HAVEN DRIVE SUITE 125 B |
| Medicare 1: | 747158 | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 463-4113 | Fax | (281) 463-4033 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENLYN OJONTA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/01/2007 | Owner Information |
| License # | 011693 | | | | | NIGHTINGALE OF HOUSTON, INC. |
| Lic Expire | 07/31/2018 | | | | | 7227 FANNIN STREET, SUITE #250 |
| Medicare 1: | 678372 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 343-3555 | Fax | (866) 878-0094 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JANET CROWNOVER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/20/1983 | Owner Information |
| License # | 000446 | | | | | NIGHTINGALE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 6220 WESTPARK SUITE 220 |
| Medicare 1: | 457955 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 780-0695 | Fax | (713) 780-7210 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PHILIP CHUNG | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/19/2005 | Owner Information |
| License # | 009975 | | | | | NISSI HOME HEALTH CARE AND PERSONAL ASSISTANCE CARE SERVICES AGENCY |
| Lic Expire | 09/30/2019 | | | | | 9414 DEMSEY MILL DRIVE |
| Medicare 1: | | | | | | SUGAR LAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (281) 313-1874 | Fax | (281) 313-1875 | | | Services: |
| Type: | Parent Agency | Administrator | ADESOYE AKINBAYO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/21/2009 | Owner Information |
| License # | 012730 | | | | | NITOMEK HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 5707 EDGEMOOR DRIVE |
| Medicare 1: | 747592 | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-1333 | Fax | (713) 481-1715 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA AKUGHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/06/2014 | Owner Information |
| License # | 016154 | | | | | NNBS HEALTH CARE SERVICES, INC. |
| Lic Expire | 01/31/2018 | | | | | 6001 SAVOY DRIVE, SUITE #205 |
| Medicare 1: | 679455 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 278-8103 | Fax | (713) 278-2204 | | | Services: |
| Type: | Parent Agency | Administrator | KATRINA A WILLIAMS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2004 | Owner Information |
| License # | 009546 | | | | | NOEL HOME HEALTH AGENCY INC |
| Lic Expire | 06/30/2019 | | | | | 9888 BISSONNET # 480 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 779-8787 | Fax | (713) 779-8588 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL N EZEJI | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/29/2010 | Owner Information |
| License # | 013588 | | | | | NORTH HOUSTON HEALTHCARE SERVICES INC. |
| Lic Expire | 09/30/2018 | | | | | 12402 BROOK COVE DRIVE |
| Medicare 1: | 747795 | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (832) 688-9335 | Fax | (832) 604-7180 | | | Services: |
| Type: | Parent Agency | Administrator | MELODY B BUGARIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/2014 | Owner Information |
| License # | 016302 | | | | | BIO-MEDICAL APPLICATIONS OF TEXAS, INC. |
| Lic Expire | 07/31/2018 | | | | | 8925 HIGHWAY 6 NORTH, SUITE #100 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (281) 550-0287 | Fax | (281) 856-7520 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA TOMLINSON | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 08/20/2015 | Owner Information |
| License # | 016989 | | | | | LOOI, LLC |
| Lic Expire | 08/31/2017 | | | | | 6430 RICHMOND AVE. # 250-02 |
| Medicare 1: | | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (832) 295-9195 | Fax | (832) 426-7007 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA OKOLO | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 05/25/2016 | Owner Information |
| License # | 017418 | | | | | KJAL ENTERPRISES INC |
| Lic Expire | 05/31/2018 | | | | | 14410 COTTAGE LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77044 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 962-3344 | Fax | (281) 962-3630 | | | Hospice |
| Type: | Parent Agency | Administrator | AMY G MORALES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/05/1996 | Owner Information |
| License # | 004622 | | | | | NURSES HOME SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 6030 DENSMORE STREET |
| Medicare 1: | 458479 | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 729-0600 | Fax | (713) 729-0603 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RONNIE ROSE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/18/1986 | Owner Information |
| License # | 001793 | | | | | NURSES NIGHT AND DAY INC |
| Lic Expire | 04/30/2018 | | | | | 4310 AUSTIN STREET |
| Medicare 1: | 741601 | | | | | HOUSTON, TX 77004 |
| Medicare 2: | 677006 | | | | | Services: |
| Phone | (713) 529-8633 | Fax | (713) 529-0377 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | GLENA V PARKINSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/13/2010 | Owner Information |
| License # | 013637 | | | | | NURSING BRIDGES HEALTHCARE INC |
| Lic Expire | 10/31/2018 | | | | | 14423 CORNERSTONE VILLAGE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77014 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 488-9332 | Fax | (281) 727-0015 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SIMON ITAMAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/31/2011 | Owner Information |
| License # | 014318 | | | | | NURSING HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 10927 MAYFIELD ROAD |
| Medicare 1: | | | | | | HOUSTON, TX 77043 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 974-4698 | Fax | (281) 974-4832 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERLITA VELASQUEZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/05/1997 | Owner Information |
| License # | 006197 | | | | | NURSING RESOURCE HOME HEALTH SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 8303 WINDFERN ROAD |
| Medicare 1: | 678474 | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 937-7468 | Fax | (713) 937-8720 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERLITA VELASQUEZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/13/2017 | Owner Information |
| License # | 018162 | | | | | TOMEKA THOMAS |
| Lic Expire | 07/31/2019 | | | | | 11825 LONGWOOD GARDEN WAY |
| Medicare 1: | | | | | | HOUSTON, TX 77047 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 717-1348 | Fax | (281) 946-5583 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TOMEKA THOMAS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/25/2004 | Owner Information |
| License # | 009372 | | | | | NURTURING HOME HEALTHCARE AGENCY INC |
| Lic Expire | 10/31/2018 | | | | | 7106 SHERMAN RIDGE LANE |
| Medicare 1: | 457828 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 980-0881 | Fax | (281) 980-7974 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAUDRIA FITCHETT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/11/2010 | Owner Information |
| License # | 013287 | | | | | NUTREND HEALTHCARE INC |
| Lic Expire | 01/31/2018 | | | | | 8700 COMMERCE PARK DRIVE SUITE 220 |
| Medicare 1: | 679513 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 855-6663 | Fax | (281) 856-8795 | | | Services: |
| Type: | Parent Agency | Administrator | NGOZI AGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/16/2016 | Owner Information |
| License # | 017633 | | | | | NV HEALTH SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 11360 BELLAIRE BLVD., STE#900 |
| Medicare 1: | | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (713) 367-5155 | Fax | (713) 583-6525 | | | Services: |
| Type: | Parent Agency | Administrator | TRI NGUYEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/2014 | Owner Information |
| License # | 016752 | | | | | ALBERTSON HEALTHCARE SOLUTIONS, LLC. |
| Lic Expire | 12/31/2018 | | | | | 2656 SOUTH LOOP WEST SUITE 500 |
| Medicare 1: | 747084 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 779-5200 | Fax | (713) 779-5202 | | | Services: |
| Type: | Parent Agency | Administrator | LUZ A MATEUS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/06/2015 | Owner Information |
| License # | 017124 | | | | | HOMAC CARE GROUP SERVICES, INC. |
| Lic Expire | 11/30/2019 | | | | | 9950 WEST PARK DRIVE STE # 644 |
| Medicare 1: | 741674 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 357-1594 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S. ADA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 11/29/2017 | Owner Information |
| License # | 018475 | | | | | OAKWEST HOSPICE INC |
| Lic Expire | 11/30/2019 | | | | | 9950 WESTPARK SUITE #644 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (281) 564-0271 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOE S ADA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/16/2016 | Owner Information |
| License # | 017793 | | | | | ODERA CARES LLC |
| Lic Expire | 12/31/2018 | | | | | 1333 OLD SPANISH TRAIL # 1175 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (832) 494-6381 | Fax | (866) 821-4746 | | | Services: |
| Type: | Parent Agency | Administrator | JEVIRA ODERA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2005 | Owner Information |
| License # | 010083 | | | | | OLIVE BRANCH HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 10998 S WILCREST DR. STE 296 |
| Medicare 1: | 679561 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 575-7272 | Fax | (281) 575-8847 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTIANA USEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2001 | Owner Information |
| License # | 007590 | | | | | OMEGA HOME HEALTH SERVICE INC |
| Lic Expire | 12/31/2018 | | | | | 12425 S SAM HOUSTON PARKWAY WEST |
| Medicare 1: | 459466 | | | | | HOUSTON, TX 77031 |
| Medicare 2: | | | | | | |
| Phone | (281) 564-1635 | Fax | (281) 564-1658 | | | Services: |
| Type: | Parent Agency | Administrator | MAYEN HILL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/10/2014 | <u>Owner Information</u> |
| License # | 016027 | | | | | OMEGALIFE HOSPICE OF TEXAS, INC |
| Lic Expire | 02/28/2018 | | | | | 17314 STATE HIGHWAY 249 SUITE 288 A |
| Medicare 1: | 741590 | | | | | HOUSTON, TX 77064 |
| Medicare 2: | | | | | | |
| Phone | (832) 912-5927 | Fax | (832) 912-5928 | | | Services: |
| Type: | Parent Agency | Administrator | JOAQUIN C DIAZ | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 11/14/2016 | <u>Owner Information</u> |
| License # | 015059 | | | | | ALL JOY HEALTH SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 300 SOUTH 2ND STREET SUITE A-B |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-4990 | Fax | (956) 627-4991 | | | Services: |
| Type: | Branch Agency | Administrator | PAOLA TAMEZ | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/18/2013 | <u>Owner Information</u> |
| License # | 015769 | | | | | ONE-COURAGEOUS HOSPICE/PALLATIVE CARE |
| Lic Expire | 09/30/2019 | | | | | 12304 HILLCROFT STREET, #B |
| Medicare 1: | 741600 | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | |
| Phone | (832) 649-2951 | Fax | (832) 649-2978 | | | Services: |
| Type: | Parent Agency | Administrator | SERGE UKAWILU | | | Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 09/03/2004 | <u>Owner Information</u> |
| License # | 009290 | | | | | EMELDA MERLE AND LEON HALL JR |
| Lic Expire | 09/30/2018 | | | | | PO BOX 60561 |
| Medicare 1: | 457993 | | | | | HOUSTON, TX 77205 |
| Medicare 2: | | | | | | |
| Phone | (281) 443-6300 | Fax | (281) 443-6300 | | | Services: |
| Type: | Parent Agency | Administrator | LEON HALL JR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2006 | <u>Owner Information</u> |
| License # | 010533 | | | | | OPT HOME HEALTHCARE INC |
| Lic Expire | 06/30/2018 | | | | | 4635 SOUTHWEST FREEWAY #175 |
| Medicare 1: | 679659 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (713) 622-0500 | Fax | (713) 622-0515 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCIS SAGULLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/02/2004 | <u>Owner Information</u> |
| License # | 009228 | | | | | OPTIMAL COMMUNITY SUPPORT SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 3003 SOUTH LOOP WEST SUITE 330 |
| Medicare 1: | 457860 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 669-0299 | Fax | (713) 669-0244 | | | Services: |
| Type: | Parent Agency | Administrator | JACQUELINE MILLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/28/1998 | <u>Owner Information</u> |
| License # | 006580 | | | | | OPTIMAL IN-HOME CARE INC |
| Lic Expire | 05/31/2019 | | | | | 3003 SOUTH LOOP WEST SUITE 330 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 669-0299 | Fax | (713) 669-0244 | | | Services: |
| Type: | Parent Agency | Administrator | JACQUELINE RENA MILLER | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/20/2017 | <u>Owner Information</u> |
| License # | 018135 | | | | | OPTIMUM INC |
| Lic Expire | 05/31/2019 | | | | | 8402 WOODWARD ST |
| Medicare 1: | 679373 | | | | | HOUSTON, TX 77051 |
| Medicare 2: | | | | | | |
| Phone | (281) 974-2075 | Fax | (832) 767-1965 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES CLIFFORD WALKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/15/1996 | <u>Owner Information</u> |
| License # | 004685 | | | | | OPTION CARE ENTERPRISES INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 377 |
| Medicare 1: | | | | | | DEERFIELD, IL 60015 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 794-0599 | Fax | (713) 794-0628 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MONIQUE SAIZAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2016 | <u>Owner Information</u> |
| License # | 017731 | | | | | HEALTHY CONNECTIONS HOMECARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 16770 IMPERIAL VALLEY DRIVE SUITE 150 |
| Medicare 1: | 747464 | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 457-1350 | Fax | (713) 457-1353 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LUCAS KNEITZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/28/2015 | <u>Owner Information</u> |
| License # | 017001 | | | | | OPULENT HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 14738 RAVENSCROFT WAY |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 616-6635 | Fax | (855) 887-1033 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NGOZI S NZEOCHA-RAYMOND | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/17/2013 | <u>Owner Information</u> |
| License # | 015657 | | | | | BEAHER, LLC |
| Lic Expire | 07/31/2019 | | | | | 4922 ROYAL ARBOR LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 850-7120 | Fax | (832) 850-7122 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESUS HERNANDEZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/01/2000 | <u>Owner Information</u> |
| License # | 007338 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 736-1812 | Fax | (210) 737-0843 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERALDA LACHAPPELLE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/28/2005 | <u>Owner Information</u> |
| License # | 010153 | | | | | PACIFIC CARE HOME HEALTH SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 11999 KATY FREEWAY SUITE #320 |
| Medicare 1: | 743113 | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 497-4342 | Fax | (281) 497-4343 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IMELDA CLAUDETTE REVOTE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/1999 | <u>Owner Information</u> |
| License # | 007083 | | | | | PACIFIC HOME HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 36 |
| Medicare 1: | | | | | | ALIEF, TX 77411 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 270-1500 | Fax | (281) 713-9886 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMEKA S EHIRIM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/28/2005 | <u>Owner Information</u> |
| License # | 010087 | | | | | PADLOCK HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 9207 COUNTRY CREEK DRIVE SUITE 203 |
| Medicare 1: | 677989 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 772-7800 | Fax | (713) 772-7802 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DARLINGTON I NDUBUIKE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/05/2007 | <u>Owner Information</u> |
| License # | 011562 | | | | | PAGES HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 16100 CAIRNWAY SUITE #355B |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 738-3641 | Fax | (281) 277-6335 | | | Services: |
| Type: | Parent Agency | Administrator | KELECHI KAYCEE UCHEWUAKOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2017 | <u>Owner Information</u> |
| License # | 018105 | | | | | PALLIATIVE CARE SAINT LUKES LLC |
| Lic Expire | 06/30/2019 | | | | | 11970 WILCREST DR, STE 104-A |
| Medicare 1: | | | | | | , TX |
| Medicare 2: | | | | | | |
| Phone | (713) 884-7153 | Fax | (281) 783-2146 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELL CAMPBELL GARCIA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/03/2010 | <u>Owner Information</u> |
| License # | 013372 | | | | | PARADIGM HOME HEALTH SOLUTIONS, PLLC |
| Lic Expire | 06/30/2018 | | | | | 10500 NORTHWEST FREEWAY SUITE 194 |
| Medicare 1: | 747645 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | |
| Phone | (713) 868-6198 | Fax | (888) 425-2434 | | | Services: |
| Type: | Parent Agency | Administrator | SHEDRICK HOWARD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2014 | <u>Owner Information</u> |
| License # | 016044 | | | | | PARKER PLACE HOME HEALTH SERVICES |
| Lic Expire | 12/31/2017 | | | | | 10914 BRIDLEPARK CIRCLE |
| Medicare 1: | | | | | | HOUSTON, TX 77016 |
| Medicare 2: | | | | | | |
| Phone | (832) 272-5800 | Fax | (281) 449-3230 | | | Services: |
| Type: | Parent Agency | Administrator | LORNIA A PARKER | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/18/2009 | <u>Owner Information</u> |
| License # | 012551 | | | | | 24 7 STAT CARE HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 10311 W. AIRPORT BLVD SUITE #107 |
| Medicare 1: | 747497 | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (281) 741-7783 | Fax | (281) 978-2178 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLINE ZAMORA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/06/2016 | <u>Owner Information</u> |
| License # | 017495 | | | | | PASSION FOR CARING HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 26226 RILEY GLEN DR |
| Medicare 1: | | | | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | |
| Phone | (281) 232-2273 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | DERICA MCDANIEL | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/2006 | <u>Owner Information</u> |
| License # | 010800 | | | | | PATIENT CAREGIVERS LLC |
| Lic Expire | 10/31/2018 | | | | | 2001 HOLCOMBE BLVD UNIT 3201 |
| Medicare 1: | | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (713) 227-3448 | Fax | (713) 589-3672 | | | Services: |
| Type: | Parent Agency | Administrator | LATOYA COOPER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2011 | <u>Owner Information</u> |
| License # | 013941 | | | | | PATIENT RECOVERY HOME HEALTHCARE SERVICES |
| Lic Expire | 03/31/2019 | | | | | 7324 SOUTHWEST FREEWAY #970 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 777-5447 | Fax | (713) 777-5152 | | | Services: |
| Type: | Parent Agency | Administrator | DYRREN D DAVIS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 04/24/1997 | Owner Information |
| License # | 005497 | | | | | GLUCARE CORPORATION |
| Lic Expire | 04/30/2018 | | | | | 8515 SOUTH BRAESWOOD BLVD SUITE 101 |
| Medicare 1: | 459422 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 779-5673 | Fax | (713) 779-7766 | | | Services: |
| Type: | Parent Agency | Administrator | MERCEDITA POMER DAJAO | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/15/2017 | Owner Information |
| License # | 018447 | | | | | PEACEFUL CAREGIVERS OF TEXAS LLC |
| Lic Expire | 11/30/2019 | | | | | 8303 BEECH CROSSING DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 859-5534 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | PEACE LANREWAJU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/07/2016 | Owner Information |
| License # | 016256 | | | | | PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 1721 WEST PLANO PARKWAY SUITE 130 |
| Medicare 1: | | | | | | PLANO, TX 75075 |
| Medicare 2: | | | | | | |
| Phone | (713) 275-0008 | Fax | (281) 664-6423 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | PAMELA EYAMBE | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 04/30/2016 | Owner Information |
| License # | 017405 | | | | | PEACH HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 2825 WILCREST DR STE 621 |
| Medicare 1: | 747769 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (832) 333-2222 | Fax | (832) 333-2223 | | | Services: |
| Type: | Parent Agency | Administrator | ONYEMA CHRISTIAN OPARA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/28/2014 | Owner Information |
| License # | 016173 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 04/30/2018 | | | | | 101 N SHORELINE BLVD STE 201 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78401 |
| Medicare 2: | | | | | | |
| Phone | (832) 730-5785 | Fax | (281) 822-9600 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE GOLIGHTY | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/11/2017 | Owner Information |
| License # | 018240 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2019 | | | | | 101 N SHORELINE BLVD STE 201 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78401 |
| Medicare 2: | | | | | | |
| Phone | (972) 630-4811 | Fax | (214) 271-4590 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE GOLIGHTLY | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/14/2010 | Owner Information |
| License # | 013640 | | | | | PEDIATRIC IMPRESSIONS HOME HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 8700 COMMERCE PARK SUITE 146 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 954-2554 | Fax | (713) 636-3338 | | | Services: |
| Type: | Parent Agency | Administrator | IFY AGBO | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/21/2010 | Owner Information |
| License # | 013259 | | | | | PROGRESSIVE MILESTONES CORPORATION |
| Lic Expire | 04/30/2018 | | | | | 13831 NORTHWEST FWY #405 |
| Medicare 1: | | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | |
| Phone | (832) 675-9704 | Fax | (888) 859-0849 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY SULAIMAN | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2014 | Owner Information |
| License # | 015987 | | | | | PEMA HEALTHCARE SERVICES, INC. |
| Lic Expire | 12/31/2019 | | | | | 6200 SAVOY, SUITE #731 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 266-5370 | Fax | (713) 566-5539 | | | Services: |
| Type: | Parent Agency | Administrator | PETER A ISHOLA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/08/2012 | Owner Information |
| License # | 015456 | | | | | PERPETUAL HEALTH HOME CARE INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 41871 |
| Medicare 1: | 679477 | | | | | HOUSTON, TX 77241 |
| Medicare 2: | | | | | | |
| Phone | (713) 856-8002 | Fax | (832) 288-5790 | | | Services: |
| Type: | Parent Agency | Administrator | MARILYN M BLODGETT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/18/2012 | Owner Information |
| License # | 015604 | | | | | PERPETUAL HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | 14614 FALLING CREEK DRIVE SUITE 128 |
| Medicare 1: | 747119 | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (281) 444-1789 | Fax | (281) 444-1729 | | | Services: |
| Type: | Parent Agency | Administrator | MA MAGINDA A LOQUELLANO | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/25/2017 | Owner Information |
| License # | 018021 | | | | | GEORGE H. SMITH, LLC |
| Lic Expire | 04/30/2019 | | | | | 7447 HARWIN DR STE 102A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (877) 342-7688 | Fax | (315) 975-4864 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGE H SMITH | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/23/2009 | Owner Information |
| License # | 012559 | | | | | S GERBER & ASSOCIATES INC |
| Lic Expire | 04/30/2019 | | | | | 14 GREENWAY PLAZA UNIT 22P |
| Medicare 1: | | | | | | HOUSTON, TX 77046 |
| Medicare 2: | | | | | | |
| Phone | (713) 778-1966 | Fax | (832) 200-0566 | | | Services: |
| Type: | Parent Agency | Administrator | SID GERBER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/21/2011 | Owner Information |
| License # | 014435 | | | | | PERSONAL TOUCH THERAPY, LLC |
| Lic Expire | 10/31/2019 | | | | | 480 N SAM HOUSTON PKWY E SUITE 124 |
| Medicare 1: | | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | |
| Phone | (713) 510-5699 | Fax | (832) 932-1629 | | | Services: |
| Type: | Parent Agency | Administrator | SHONTAI M THOMAS | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/28/2005 | Owner Information |
| License # | 010735 | | | | | PHOENIX HEALTHCARE SERVICES, INC |
| Lic Expire | 12/31/2019 | | | | | 17314 STATE HIGHWAY 249, SUITE 288 |
| Medicare 1: | 679498 | | | | | HOUSTON, TX 77064 |
| Medicare 2: | | | | | | |
| Phone | (281) 571-8050 | Fax | (281) 571-8051 | | | Services: |
| Type: | Parent Agency | Administrator | JOAQUIN C DIAZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/24/2012 | Owner Information |
| License # | 015083 | | | | | PIN OAK CAREGIVERS, LLC |
| Lic Expire | 09/30/2018 | | | | | 4635 SOUTHWEST FREEWAY, SUITE #640 |
| Medicare 1: | | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (713) 621-4040 | Fax | (713) 621-4064 | | | Services: |
| Type: | Parent Agency | Administrator | JANE SEGER | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/18/2014 | <u>Owner Information</u> |
| License # | 016530 | | | | | PINNACLE HOSPICE LLC |
| Lic Expire | 11/30/2018 | | | | | 7007 GULF FREEWAY SUITE 150 |
| Medicare 1: | | | | | | HOUSTON, TX 77087 |
| Medicare 2: | | | | | | |
| Phone | (713) 828-1639 | Fax | (713) 828-1639 | | | Services: |
| Type: | Parent Agency | Administrator | HOWARD R SHEDRICK | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 04/07/2003 | <u>Owner Information</u> |
| License # | 008462 | | | | | PINNACLE MEDICAL SYSTEM INC |
| Lic Expire | 04/30/2019 | | | | | 2323 PROSPECT |
| Medicare 1: | | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (713) 988-6358 | Fax | (713) 988-6215 | | | Services: |
| Type: | Parent Agency | Administrator | ZENOBIA ANEKWE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/19/2015 | <u>Owner Information</u> |
| License # | 016983 | | | | | PINNACLE QUALITY CARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 9900 WESTPARK #209 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 870-4367 | Fax | (281) 929-0392 | | | Services: |
| Type: | Parent Agency | Administrator | AZEEZAT ADEBUTU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/07/2010 | <u>Owner Information</u> |
| License # | 013792 | | | | | PINNACLE HOME CARE, LLC |
| Lic Expire | 09/30/2018 | | | | | P.O. BOX 99278 |
| Medicare 1: | 679132 | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | |
| Phone | (713) 532-1722 | Fax | (855) 618-6655 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNMILOLA IJAOLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/11/2014 | <u>Owner Information</u> |
| License # | 016768 | | | | | PJ CARE PLUS INC |
| Lic Expire | 09/30/2018 | | | | | 7457 HARWIN DRIVE SUITE #215 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 400-9690 | Fax | (713) 400-9600 | | | Services: |
| Type: | Parent Agency | Administrator | SELINA AMUEBIE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/20/2008 | <u>Owner Information</u> |
| License # | 012185 | | | | | PLATINUM HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | 2611 FM 1960 W ROAD SUITE #F204 |
| Medicare 1: | 747198 | | | | | HOUSTON, TX 77068 |
| Medicare 2: | | | | | | |
| Phone | (281) 631-0900 | Fax | (281) 631-0902 | | | Services: |
| Type: | Parent Agency | Administrator | NORRIS G RICARD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/01/2016 | <u>Owner Information</u> |
| License # | 017439 | | | | | PRANA HEALTH SOLUTIONS, INC. |
| Lic Expire | 01/31/2018 | | | | | 7407 RIVER PINES DRIVE |
| Medicare 1: | 747551 | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (281) 579-9121 | Fax | (281) 936-0240 | | | Services: |
| Type: | Parent Agency | Administrator | KOLAWOLE LADIPO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/31/2004 | <u>Owner Information</u> |
| License # | 009503 | | | | | PRECIOUS HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 10103 FONDREN #376 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-4130 | Fax | (713) 771-1568 | | | Services: |
| Type: | Parent Agency | Administrator | NEKPEN STELLA IZVBIGIE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/30/2008 | Owner Information |
| License # | 012224 | | | | | PRECISE PRIVATE DUTY INCORPORATED |
| Lic Expire | 06/30/2019 | | | | | 2217 BLODGETT |
| Medicare 1: | | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (713) 780-2006 | Fax | (713) 780-2024 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER ROY | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2017 | Owner Information |
| License # | 017956 | | | | | PREMIER HOSPICE |
| Lic Expire | 03/31/2019 | | | | | 2011 TUCUMCARI DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77090 |
| Medicare 2: | | | | | | |
| Phone | (401) 808-1722 | Fax | (832) 602-5930 | | | Services: |
| Type: | Parent Agency | Administrator | VARFEETA SIRLEAF | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 08/28/2017 | Owner Information |
| License # | 018281 | | | | | PRESQUE DOMICILE, LLC |
| Lic Expire | 08/31/2019 | | | | | 8723 DOSKOCIL DR |
| Medicare 1: | | | | | | HOUSTON, TX 77044 |
| Medicare 2: | | | | | | |
| Phone | (281) 416-4069 | Fax | (281) 416-4069 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA ALLS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/25/2008 | Owner Information |
| License # | 012393 | | | | | PRESTIGE CARE HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 8313 S W FREEWAY SUITE 235 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-0105 | Fax | (713) 271-0190 | | | Services: |
| Type: | Branch Agency | Administrator | DENISE HUFF | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/25/2008 | Owner Information |
| License # | 012393 | | | | | PRESTIGE CARE HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 8313 S W FREEWAY SUITE 235 |
| Medicare 1: | 679223 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-0105 | Fax | (713) 271-0190 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE HUFF | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/18/2003 | Owner Information |
| License # | 008656 | | | | | PRESTIGE LIVING CENTER INC |
| Lic Expire | 09/30/2018 | | | | | 6206 SANFORD ROAD |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 974-1288 | Fax | (713) 772-0701 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA OBOMESE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2006 | Owner Information |
| License # | 010709 | | | | | PREVAIL HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 2801 |
| Medicare 1: | 679736 | | | | | STAFFORD, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (281) 530-8900 | Fax | (281) 530-1114 | | | Services: |
| Type: | Parent Agency | Administrator | ISTMENIA ELLIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/13/2010 | Owner Information |
| License # | 013681 | | | | | PRIMEAGE HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 8700 COMMERCE PARK DRIVE SUITE 228C |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 385-9800 | Fax | (713) 344-0237 | | | Services: |
| Type: | Parent Agency | Administrator | OLALEKAN AGBOLUAJE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/25/2014 | Owner Information |
| License # | 016396 | | | | | PRIMEROSE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 13231 ELDRIDGE MEADOW DR |
| Medicare 1: | | | | | | HOUSTON, TX 77041 |
| Medicare 2: | | | | | | |
| Phone | (713) 896-3058 | Fax | (713) 896-3093 | | | Services: |
| Type: | Parent Agency | Administrator | KEHINDE F ADEGOKE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/13/2007 | Owner Information |
| License # | 011742 | | | | | PRIMETIME HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 462 |
| Medicare 1: | | | | | | ALIEF, TX 77411 |
| Medicare 2: | | | | | | |
| Phone | (713) 977-7721 | Fax | (713) 977-7728 | | | Services: |
| Type: | Parent Agency | Administrator | JOHNSON O NWOKORIE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/15/2017 | Owner Information |
| License # | 018121 | | | | | PRIORITY METHODIST HOME HEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | | | | 11970 WILCREST DR STE 104 |
| Medicare 1: | 747031 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (832) 850-7463 | Fax | (832) 850-7486 | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/20/2007 | Owner Information |
| License # | 011816 | | | | | NEW ERA HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 720460 |
| Medicare 1: | 747058 | | | | | HOUSTON, TX 77272 |
| Medicare 2: | | | | | | |
| Phone | (713) 776-9993 | Fax | (713) 776-9994 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA AMAEFULE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/20/1999 | Owner Information |
| License # | 006980 | | | | | PROMED PERSONNEL SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 4615 SOUTHWEST FREEWAY STE 725 |
| Medicare 1: | 459479 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (713) 626-1644 | Fax | (713) 626-2441 | | | Services: |
| Type: | Parent Agency | Administrator | MARILOU G SAGULLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/21/2017 | Owner Information |
| License # | 018267 | | | | | PROMISE HANDS ASSISTANT CARE INC |
| Lic Expire | 08/31/2019 | | | | | 1018 ADDISON PARK LN |
| Medicare 1: | | | | | | SPRING, TX 77373 |
| Medicare 2: | | | | | | |
| Phone | (844) 377-6647 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | TIFFANY JOHNSON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/28/2017 | Owner Information |
| License # | 018282 | | | | | THE PROSPERITY FIRM LLC |
| Lic Expire | 08/31/2019 | | | | | 16903 RED OAK DRIVE, SUITE #175 |
| Medicare 1: | | | | | | HOUSTON, TX 77090 |
| Medicare 2: | | | | | | |
| Phone | (832) 705-8914 | Fax | (832) 446-6840 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE FIELDS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/12/2004 | Owner Information |
| License # | 009404 | | | | | PROTEAM HEALTHCARE INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 770262 |
| Medicare 1: | 457916 | | | | | HOUSTON, TX 77215 |
| Medicare 2: | | | | | | |
| Phone | (713) 838-8044 | Fax | (713) 838-8834 | | | Services: |
| Type: | Parent Agency | Administrator | MIRIAM ASIGHA BRIGGS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/07/2012 | <u>Owner Information</u> |
| License # | 015319 | | | | | IMMACULATE HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 12929 GULF FREEWAY SUITE 101B |
| Medicare 1: | 679266 | | | | | HOUSTON, TX 77034 |
| Medicare 2: | | | | | | |
| Phone | (713) 462-0083 | Fax | (713) 462-0091 | | | Services: |
| Type: | Parent Agency | Administrator | THERESA MILLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/20/2005 | <u>Owner Information</u> |
| License # | 010276 | | | | | PROVIDIAN HEALTH CARE INC |
| Lic Expire | 09/30/2018 | | | | | 12929 GULF FREEWAY SUITE 101 |
| Medicare 1: | 457952 | | | | | HOUSTON, TX 77034 |
| Medicare 2: | | | | | | |
| Phone | (713) 490-3500 | Fax | (713) 490-3501 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA ESPARZA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/15/2015 | <u>Owner Information</u> |
| License # | 016848 | | | | | PRUDENT HEALTH MANAGEMENT INC |
| Lic Expire | 04/30/2019 | | | | | 8700 COMMERCE PARK SUITE 237 |
| Medicare 1: | 673153 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 255-7246 | Fax | (713) 255-7249 | | | Services: |
| Type: | Parent Agency | Administrator | OLUBINJO ODUYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/12/2011 | <u>Owner Information</u> |
| License # | 014652 | | | | | PURITY HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 4615 SOUTHWEST FREEWAY STE 750 |
| Medicare 1: | 679710 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (713) 255-4360 | Fax | (713) 255-4366 | | | Services: |
| Type: | Parent Agency | Administrator | MARILOU SAGULLO | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/08/2013 | <u>Owner Information</u> |
| License # | 015863 | | | | | QA HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 1100 NASA PKWY STE 205 |
| Medicare 1: | 747370 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | |
| Phone | (281) 339-7414 | Fax | (866) 923-9508 | | | Services: |
| Type: | Parent Agency | Administrator | NITA PANCHOLI | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/27/2016 | <u>Owner Information</u> |
| License # | 017545 | | | | | QUALITY OF LIFE HOSPICE INC |
| Lic Expire | 07/31/2018 | | | | | 16151 CAIRNWAY DR SUITE 200 |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 656-8196 | Fax | (281) 656-8289 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORIA JEFFERSON | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/21/2016 | <u>Owner Information</u> |
| License # | 017807 | | | | | QUICKSTEP HEALTHCARE LLC |
| Lic Expire | 12/31/2018 | | | | | 13531 LA CONCHA LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (713) 538-4263 | Fax | (281) 741-3891 | | | Services: |
| Type: | Parent Agency | Administrator | HENRIETTA AYONG | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/13/2016 | <u>Owner Information</u> |
| License # | 017456 | | | | | QUINTESSENCE HEALTHCARE INC. |
| Lic Expire | 06/30/2018 | | | | | 2550 GRAY FALLS DRIVE STE 100 - H |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (832) 781-4861 | Fax | (866) 447-7225 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE GIPSON | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 05/19/2017 | Owner Information |
| License # | 018064 | | | | | RABBONI HOUSE HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 7442 AUTUMN SUN DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 898-8867 | Fax | (713) 492-0217 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE O OKORO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/2016 | Owner Information |
| License # | 017420 | | | | | RAPHA HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 7708 PARK VISTA DRIVE |
| Medicare 1: | 457861 | | | | | HOUSTON, TX 77072 |
| Medicare 2: | | | | | | |
| Phone | (832) 288-2242 | Fax | (832) 328-7072 | | | Services: |
| Type: | Parent Agency | Administrator | OYINKAN OGUNSEYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/15/2003 | Owner Information |
| License # | 008552 | | | | | RAPHA NURSING & REHABILITATION CLINIC INC |
| Lic Expire | 07/31/2019 | | | | | 11000 FONDREN ROAD SUITE C 5 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 776-2500 | Fax | (713) 777-5252 | | | Services: |
| Type: | Parent Agency | Administrator | FUNSHO SAMUEL FADIPE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/31/2014 | Owner Information |
| License # | 016935 | | | | | TCGHA, LLC |
| Lic Expire | 12/31/2018 | | | | | 6 CONCOURSE PARKWAY STE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (713) 383-9700 | Fax | (713) 383-9795 | | | Services: |
| Type: | Parent Agency | Administrator | TARA ALDRED | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2004 | Owner Information |
| License # | 008965 | | | | | REDEMPTION HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 10101 HARWIN SUITE 374 |
| Medicare 1: | 673150 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-5667 | Fax | (713) 771-5235 | | | Services: |
| Type: | Parent Agency | Administrator | SIFON UMOEKPO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/26/2011 | Owner Information |
| License # | 013847 | | | | | REFINE HOME HEALTH CARE, INC. |
| Lic Expire | 01/31/2019 | | | | | 9898 BISSONNET STREET |
| Medicare 1: | 747869 | | | | | RICHMOND, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 240-1084 | Fax | (281) 240-5665 | | | Services: |
| Type: | Parent Agency | Administrator | NAFISA KASSIM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/14/2017 | Owner Information |
| License # | 017921 | | | | | REGIONAL HOSPICE INC |
| Lic Expire | 02/28/2019 | | | | | 13619 TONNOCHY DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 216-2555 | Fax | (877) 915-1555 | | | Services: |
| Type: | Parent Agency | Administrator | KENNEDY T OBANOR | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/01/2013 | Owner Information |
| License # | 016026 | | | | | REHAB MED-CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 8313 SOUTHWEST FREEWAY SUITE 106 |
| Medicare 1: | 679603 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 484-8132 | Fax | (713) 484-8133 | | | Services: |
| Type: | Parent Agency | Administrator | SHIRLEY P RAGASA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/15/2005 | Owner Information |
| License # | 010197 | | | | | REHOBOTH HEALTHCARE SERVICES INCORPORATED |
| Lic Expire | 12/31/2019 | | | | | 8323 SOUTHWEST FREEWAY #455 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 255-1070 | Fax | (713) 255-1074 | | | Services: |
| Type: | Parent Agency | Administrator | SUNDAY OSO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/21/2015 | Owner Information |
| License # | 016611 | | | | | REHAB WITHOUT WALLS INC |
| Lic Expire | 01/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | |
| Phone | (888) 299-3998 | Fax | (855) 222-6934 | | | Services: |
| Type: | Parent Agency | Administrator | LISA GLENN | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/19/2011 | Owner Information |
| License # | 014116 | | | | | RESERVED HOME HEALTH CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 9800 CENTRE PARKWAY SUITE 230 |
| Medicare 1: | 747730 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 657-0087 | Fax | (713) 772-6998 | | | Services: |
| Type: | Parent Agency | Administrator | ESTHER UGWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/14/2013 | Owner Information |
| License # | 014091 | | | | | RESOLUTIONS HOSPICE, LLC |
| Lic Expire | 05/31/2019 | | | | | 11825 BUCKNER ROAD |
| Medicare 1: | | | | | | AUSTIN, TX 78726 |
| Medicare 2: | | | | | | |
| Phone | (281) 497-8030 | Fax | (713) 383-4447 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | TERI PALMER | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/12/2011 | Owner Information |
| License # | 014091 | | | | | RESOLUTIONS HOSPICE, LLC |
| Lic Expire | 05/31/2019 | | | | | 11825 BUCKNER ROAD |
| Medicare 1: | 671722 | | | | | AUSTIN, TX 78726 |
| Medicare 2: | | | | | | |
| Phone | (832) 588-6083 | Fax | (713) 383-4447 | | | Services: |
| Type: | Parent Agency | Administrator | TERI PALMER | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/15/2011 | Owner Information |
| License # | 014170 | | | | | RESONA HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 6201 BONHOMME RD SUITE 440N |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 972-1010 | Fax | (713) 972-1011 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHEN NWANKWO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/31/2003 | Owner Information |
| License # | 009621 | | | | | RESOURCE CARE CORPORATION |
| Lic Expire | 07/31/2018 | | | | | 7211 REGENCY SQUARE #116 |
| Medicare 1: | 453160 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 972-9090 | Fax | (713) 780-3508 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE NWABUISI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/24/2003 | Owner Information |
| License # | 008301 | | | | | RESOURCE HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | 7447 HARWIN DRIVE, SUITE #216 |
| Medicare 1: | 673138 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-8880 | Fax | (713) 270-8820 | | | Services: |
| Type: | Parent Agency | Administrator | MATTHEW MBA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/23/1999 | Owner Information |
| License # | 007241 | | | | | RESOURCE HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 7211 REGENCY SQUARE BLVD SUITE 102 |
| Medicare 1: | 679098 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 981-4389 | Fax | (832) 252-8119 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE NWABUIJI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/29/2017 | Owner Information |
| License # | 018140 | | | | | RESPECT HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 1511 DURANGO |
| Medicare 1: | | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | |
| Phone | (281) 686-6273 | Fax | (281) 531-8945 | | | Services: |
| Type: | Parent Agency | Administrator | AMALIA GARCIA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2005 | Owner Information |
| License # | 009741 | | | | | RESTORE HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 12327 BRAESRIDGE DRIVE |
| Medicare 1: | 677936 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 248-5866 | Fax | (713) 726-0220 | | | Services: |
| Type: | Parent Agency | Administrator | TITUS EGBEJIMI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/27/2007 | Owner Information |
| License # | 011098 | | | | | RHYTHMIC HOME HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 9506 S DAIRYASHFORD 2708 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 988-5669 | Fax | (281) 988-5690 | | | Services: |
| Type: | Parent Agency | Administrator | ELEKWACHI OGBA KALU | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/27/2015 | Owner Information |
| License # | 016771 | | | | | DRAKEKO LLC |
| Lic Expire | 04/30/2019 | | | | | 5427 VALKEITH DR |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 496-1410 | Fax | (713) 496-1412 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID D'AGOSTINO | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/10/2013 | Owner Information |
| License # | 015811 | | | | | JCL HEINTZ CORPORATION |
| Lic Expire | 10/31/2019 | | | | | 5870 N HWY 6 STE 110 |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (832) 924-3610 | Fax | (832) 924-8899 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA Y HEINTZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/11/2017 | Owner Information |
| License # | 018309 | | | | | ROAD TO HAPPINESS HOME CARE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 315 W. ALABAMA ST SUITE #209 |
| Medicare 1: | | | | | | HOUSTON, TX 77006 |
| Medicare 2: | | | | | | |
| Phone | (713) 702-4927 | Fax | (281) 969-5140 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA F. FRANCOIS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/03/2016 | Owner Information |
| License # | 017661 | | | | | MBL HEALTHCARE SYSTEM LLC |
| Lic Expire | 10/31/2018 | | | | | 12034 CREEKHURST DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (832) 804-7478 | Fax | (832) 917-0929 | | | Services: |
| Type: | Parent Agency | Administrator | ROSE CHINYERE MGBEAHURU | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/06/2008 | <u>Owner Information</u> |
| License # | 012293 | | | | | ROSARY HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 16360 PARK TEN PLACE, SUITE #108 |
| Medicare 1: | 747371 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 600-1600 | Fax | (281) 600-1602 | | | Services: |
| Type: | Parent Agency | Administrator | ROSALINE IGBOKWE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/13/1995 | <u>Owner Information</u> |
| License # | 004088 | | | | | ROSE HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 10530 ROCKLEY ROAD SUITE 100C |
| Medicare 1: | 678216 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 892-2001 | Fax | (281) 892-2015 | | | Services: |
| Type: | Parent Agency | Administrator | LEIGH NARVACAN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/31/2005 | <u>Owner Information</u> |
| License # | 009668 | | | | | ROSELAND HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 10039 BISSONNET ST SUITE #219 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-6200 | Fax | (713) 270-6207 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY AMADI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/30/2002 | <u>Owner Information</u> |
| License # | 007960 | | | | | ROYAL CARE INC |
| Lic Expire | 05/31/2019 | | | | | 15358 PARK ROW |
| Medicare 1: | 679198 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 647-7733 | Fax | (281) 647-7744 | | | Services: |
| Type: | Parent Agency | Administrator | GRACE F AYODELE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/30/2011 | <u>Owner Information</u> |
| License # | 014667 | | | | | ROYAL STAR HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 7457 HARWIN DRIVE SUITE #252 |
| Medicare 1: | 677942 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 589-7019 | Fax | (713) 784-0525 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCIS O OYELEKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/23/2014 | <u>Owner Information</u> |
| License # | 016332 | | | | | RUBIES HEALTHCARE, INC. |
| Lic Expire | 07/31/2018 | | | | | ROOM 204, 307 WEST MILAM ROAD |
| Medicare 1: | | | | | | WHARTON, TX 77488 |
| Medicare 2: | | | | | | |
| Phone | (832) 202-8555 | Fax | (888) 491-8596 | | | Services: |
| Type: | Parent Agency | Administrator | MABEL AGBOGUN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | RUBY TURNER'S LOVING TOUCH LLC |
| Lic Expire | | | | | | 13319 LAKE PASSAGE LN |
| Medicare 1: | | | | | | HOUSTON, TX 77044 |
| Medicare 2: | | | | | | |
| Phone | (281) 974-1580 | Fax | (281) 974-1580 | | | Services: |
| Type: | Parent Agency | Administrator | JACQUELINE TURNER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/09/2013 | <u>Owner Information</u> |
| License # | 015298 | | | | | SAFE HARBOR CARE |
| Lic Expire | 01/31/2019 | | | | | 3310 QUEENSBURG LANE |
| Medicare 1: | | | | | | FRIENDSWOOD, TX 77546 |
| Medicare 2: | | | | | | |
| Phone | (281) 333-2233 | Fax | (281) 333-2275 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA FULL | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/15/2015 | Owner Information |
| License # | 016915 | | | | | SAGE CAREGIVERS INC |
| Lic Expire | 07/31/2017 | | | | | 7622 TIBURON TRAIL |
| Medicare 1: | | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 940-0290 | Fax | (832) 940-0293 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MABEL MICHAEL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/01/2011 | Owner Information |
| License # | 014132 | | | | | SAHAB HEALTH CARE SERVICES, LLC |
| Lic Expire | 05/31/2019 | | | | | 10911 WESTBRAE VILLAGE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77031 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 772-8155 | Fax | (713) 484-5445 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HABTU NEGASH FESEHAZIONE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/03/2016 | Owner Information |
| License # | 017437 | | | | | SAINT MICHAEL PALLIATIVE CARE INC |
| Lic Expire | 06/30/2018 | | | | | 6260 WESTPARK DRIVE SUITE 266 |
| Medicare 1: | 741671 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 576-1380 | Fax | (281) 990-6716 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | DARLINGTON OFOEFULE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/28/2009 | Owner Information |
| License # | 012789 | | | | | SALVATION HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 3300 S GESSNER ROAD SUITE 205 |
| Medicare 1: | 677997 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 975-7944 | Fax | (713) 975-7988 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TOLUWALOPE O LAOYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/03/2011 | Owner Information |
| License # | 014248 | | | | | SAMCOS HEALTHCARE SERVICES, INC. |
| Lic Expire | 08/31/2019 | | | | | 10806 PRIMROSE ACRES LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77031 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 250-2134 | Fax | (832) 516-9930 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHIDIEBERE OBI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/14/2009 | Owner Information |
| License # | 012680 | | | | | SAN MARTIN NURSING SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 9800 NORTHWEST FREEWAY SUITE 502 |
| Medicare 1: | 679471 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 682-9991 | Fax | (713) 682-9992 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH FRANCES CADDIGAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/27/2017 | Owner Information |
| License # | 018206 | | | | | SAVING GRACE HOMECARE LLC |
| Lic Expire | 07/31/2019 | | | | | 12427 LAUREL MEADOW WAY HOUSTON |
| Medicare 1: | | | | | | HOUSTON, TX 77014 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 701-0794 | Fax | (832) 941-1355 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHAUNTELL KELLEY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/18/2012 | Owner Information |
| License # | 014939 | | | | | SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC |
| Lic Expire | 07/31/2018 | | | | | 10318 LAKE ROAD BUILDING C SUITE 102 |
| Medicare 1: | 671741 | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | |
| Phone | (855) 893-0530 | Fax | (281) 847-6301 | | | Services: |
| Type: | Parent Agency | Administrator | BRANDII NILES | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 09/18/2003 | Owner Information |
| License # | 008655 | | | | | SEGNIK GROUP INC |
| Lic Expire | 09/30/2019 | | | | | 7001 CORPORATE DRIVE SUITE #302 |
| Medicare 1: | 453155 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 484-8699 | Fax | (713) 484-8675 | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA OYENIYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/15/2009 | Owner Information |
| License # | 012801 | | | | | SENIOR ALLEGIANCE INC |
| Lic Expire | 06/30/2019 | | | | | 5353 WYOMING BLVD NE, SUITE A |
| Medicare 1: | 679582 | | | | | ALBUQUERQUE, NM 87109 |
| Medicare 2: | | | | | | |
| Phone | (713) 975-1519 | Fax | (832) 252-7376 | | | Services: |
| Type: | Parent Agency | Administrator | MALLI FORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/08/2017 | Owner Information |
| License # | 018236 | | | | | DAVID AND LY LLC |
| Lic Expire | 08/31/2019 | | | | | 8230 TWIN TREE LN |
| Medicare 1: | | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (281) 974-5356 | Fax | (832) 487-9969 | | | Services: |
| Type: | Parent Agency | Administrator | XUAN LY LAM | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/03/2016 | Owner Information |
| License # | 017678 | | | | | DALYAN CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 11106 Bammel North Houston Rd Ste A |
| Medicare 1: | | | | | | HOUSTON, TX 77066 |
| Medicare 2: | | | | | | |
| Phone | (281) 919-1876 | Fax | (832) 218-2043 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID CHAN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/14/2013 | Owner Information |
| License # | 015815 | | | | | HUMANA AT HOME, INC. |
| Lic Expire | 10/31/2019 | | | | | 845 THIRD AVENUE, 7TH FLOOR |
| Medicare 1: | | | | | | NEW YORK, NY 10022 |
| Medicare 2: | | | | | | |
| Phone | (713) 523-2329 | Fax | (713) 523-0718 | | | Services: |
| Type: | Parent Agency | Administrator | LISA T MORTENSEN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/27/2011 | Owner Information |
| License # | 014235 | | | | | SENIORITY HOMECARE INC |
| Lic Expire | 07/31/2019 | | | | | 1795 N FRY RD #113 |
| Medicare 1: | 747922 | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (281) 772-3138 | Fax | (281) 861-6335 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE IKHIMOKPA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/09/2017 | Owner Information |
| License # | 017914 | | | | | SHAKARRA ROBINSON |
| Lic Expire | 02/28/2019 | | | | | 8747 YVONNE |
| Medicare 1: | | | | | | HOUSTON, TX 77044 |
| Medicare 2: | | | | | | |
| Phone | (832) 275-3003 | Fax | (281) 454-2095 | | | Services: |
| Type: | Parent Agency | Administrator | SHAKARRA ROBINSON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2014 | Owner Information |
| License # | 016185 | | | | | SERENITY HOME PROVIDERS, INC. |
| Lic Expire | 05/31/2018 | | | | | 2616 SOUTH LOOP WEST SUITE #555 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (832) 880-1047 | Fax | (713) 955-0839 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONY M TURNER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/24/2014 | Owner Information |
| License # | 016536 | | | | | SEVEN STARS HOSPICE INC |
| Lic Expire | 11/30/2018 | | | | | 1611 OVERING ST |
| Medicare 1: | 741617 | | | | | BRONX, NY 10461 |
| Medicare 2: | | | | | | |
| Phone | (888) 635-3079 | Fax | (888) 635-3079 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL EGWIM | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/21/2013 | Owner Information |
| License # | 015554 | | | | | SHEILAS ANGELS IN-HOME CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 1350 NASA PARKWAY ST 204 |
| Medicare 1: | | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | |
| Phone | (281) 480-4846 | Fax | (866) 419-7804 | | | Services: |
| Type: | Parent Agency | Administrator | SHEILA PERRINE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/19/2017 | Owner Information |
| License # | 018195 | | | | | SHEPHERD PERSONAL HOME HEALTH |
| Lic Expire | 04/30/2019 | | | | | 8323 SOUTHWEST FREEWAY, SUITE #630 |
| Medicare 1: | 747429 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (832) 767-5300 | Fax | (832) 767-5933 | | | Services: |
| Type: | Parent Agency | Administrator | PHEBA PAPPACHAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/03/2017 | Owner Information |
| License # | 017829 | | | | | SHIELDS HEALTHCARE SERVICES, PLLC |
| Lic Expire | 01/31/2019 | | | | | 6260 WESTPARK DRIVE SUITE 277 |
| Medicare 1: | 747678 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (832) 412-1213 | Fax | (888) 859-5359 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY A UGBAJA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2017 | Owner Information |
| License # | 017844 | | | | | SIBLINGS HEALTHCARE SOLUTIONS LLC |
| Lic Expire | 12/31/2018 | | | | | 2218 SILVERLEAF DR |
| Medicare 1: | 679394 | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 218-7099 | Fax | (713) 218-6772 | | | Services: |
| Type: | Parent Agency | Administrator | NKECHI AHANOTU ANIGBOGU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/20/2012 | Owner Information |
| License # | 014602 | | | | | SILVER HEALTHCARE INC |
| Lic Expire | 01/31/2020 | | | | | 9050 COOK ROAD, SUITE 204 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (281) 741-8893 | Fax | (281) 741-9831 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCIS IKECHUKWU AGHADO | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 10/04/2010 | <u>Owner Information</u> |
| License # | 013824 | | | | | SILVERADO SENIOR SERVICES OF TEXAS INC |
| Lic Expire | 10/31/2018 | | | | | 6400 OAK CANYON SUITE 200 |
| Medicare 1: | | | | | | IRVINE, CA 92618 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 249-9940 | Fax | (832) 249-9933 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISSETTE ROSARIO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/04/2010 | <u>Owner Information</u> |
| License # | 013892 | | | | | SILVERADO HOSPICE - NORTH HOUSTON |
| Lic Expire | 10/31/2018 | | | | | 6400 OAK CANYON #200 |
| Medicare 1: | 671535 | | | | | IRVINE, CA 92618 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 397-8800 | Fax | (281) 397-8813 | | | Hospice |
| Type: | Parent Agency | Administrator | ALLISON L YOUNG | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2005 | <u>Owner Information</u> |
| License # | 009667 | | | | | SIMPLEX HEALTH AND ALLIED SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 15615 BROOKWOOD LK |
| Medicare 1: | 677891 | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 334-7266 | Fax | (713) 334-7297 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UDO NNAJI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/31/2017 | <u>Owner Information</u> |
| License # | 018289 | | | | | SINAI HOSPICE CARE |
| Lic Expire | 08/31/2019 | | | | | 8323 SOUTHWEST FREEWAY SUITE 630 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 767-5300 | Fax | (832) 767-5933 | | | Hospice |
| Type: | Parent Agency | Administrator | TOM T KURIAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/26/2007 | <u>Owner Information</u> |
| License # | 011658 | | | | | SKYLINE MEDICAL SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 12623 LALEU LANE |
| Medicare 1: | 747187 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 276-0291 | Fax | (713) 729-5650 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTIANA EDEM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/28/2017 | <u>Owner Information</u> |
| License # | 018007 | | | | | SKYVIEW HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | 9100 SOUTHWEST FREEWAY SUITE 214-B |
| Medicare 1: | 747171 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 774-6510 | Fax | (281) 501-3808 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROLINE OKPARA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2014 | <u>Owner Information</u> |
| License # | 016214 | | | | | SMARTLIVING HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 10101 HARWIN DRIVE SUITE 315 |
| Medicare 1: | 747449 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 974-1036 | Fax | (832) 830-8406 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER OLIN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/02/2013 | <u>Owner Information</u> |
| License # | 015913 | | | | | SNG - RENAL SOLUTIONS DIALYSIS CENTER LP |
| Lic Expire | 08/31/2019 | | | | | 1000 W CANNON ST |
| Medicare 1: | | | | | | FT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 680-9056 | Fax | (713) 680-9310 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | SHARON OLSZEWSKI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/06/2017 | Owner Information |
| License # | 018492 | | | | | SNG - SOHUM HOUSTON DIALYSIS CENTER LP |
| Lic Expire | 12/31/2019 | | | | | 1000 W CANNON ST |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 773-1717 | Fax | (713) 773-1716 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | SHARON OLSZEWSKI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/06/2015 | Owner Information |
| License # | 016638 | | | | | SOLEO HEALTH INC |
| Lic Expire | 02/28/2019 | | | | | 8275 EL RIO SUITE 180 |
| Medicare 1: | | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 981-1000 | Fax | (713) 574-9676 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LINDA SPARKS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/08/2009 | Owner Information |
| License # | 012815 | | | | | SONICA HEALTHCARE GROUP INC |
| Lic Expire | 08/31/2017 | | | | | 5800 RANCHESTER DR SUITE 178 |
| Medicare 1: | 747179 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 774-2790 | Fax | (713) 774-2912 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PETER U ONYEWUENYI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/03/2015 | Owner Information |
| License # | 017215 | | | | | DIVERSIFIED HEALTH CARE SYSTEMS INC |
| Lic Expire | 11/30/2017 | | | | | 6105 W OREM DR SUITE 100 |
| Medicare 1: | 457743 | | | | | HOUSTON, TX 77085 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 526-3482 | Fax | (713) 526-2058 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHLEEN MOORE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/1994 | Owner Information |
| License # | 002801 | | | | | CITYWIDE HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 7700 MAIN STREET SUITE # 330 |
| Medicare 1: | 458112 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 660-6671 | Fax | (713) 660-6771 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SONIA ALIZZI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/03/2016 | Owner Information |
| License # | 017438 | | | | | SPARROW ASSISTANCE INC |
| Lic Expire | 06/30/2018 | | | | | 1450 W GRAND PARKWAY S G-129 |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 690-0172 | Fax | (281) 994-7801 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELECIA MACKEY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/18/2002 | Owner Information |
| License # | 008005 | | | | | KIDS HOME CARE OF TEXAS INC |
| Lic Expire | 07/31/2018 | | | | | 1225 NORTH LOOP WEST SUITE 500 |
| Medicare 1: | 679246 | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 812-8822 | Fax | (713) 812-7555 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LESLIE MINTZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/12/2015 | Owner Information |
| License # | 016965 | | | | | SPECIALIZED ASSESSMENT AND CONSULTING LLC |
| Lic Expire | 08/31/2019 | | | | | 13201 NORTHWEST FWY STE 780 |
| Medicare 1: | | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 240-1000 | Fax | (281) 754-4845 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ASHLEY A GRIFFITH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/12/2018 | Owner Information |
| License # | 018560 | | | | | SPECIALTY PHARMACY NURSING NETWORK INC |
| Lic Expire | 01/31/2020 | | | | | 1626 BARBER ROAD SUITE B |
| Medicare 1: | | | | | | SARASOTA, FL 34240 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 330-7766 | Fax | (813) 342-7966 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JAMES REEVES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/25/1995 | Owner Information |
| License # | 004057 | | | | | SPECIALTY WOUND & OSTOMY NURSING INC |
| Lic Expire | 10/31/2019 | | | | | 2500 WILCREST SUITE 300 # 351 |
| Medicare 1: | 678261 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 465-8497 | Fax | (713) 465-8499 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROSALINDA GUZMAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/15/2015 | Owner Information |
| License # | 017203 | | | | | SPRINGWELL HEALTHCARE SERVICES INC. |
| Lic Expire | 10/31/2019 | | | | | 16100 CAIRNWAY DR. STE #242 |
| Medicare 1: | 747623 | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 324-0602 | Fax | (855) 524-4010 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUWATOYIN AJIBOYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2006 | Owner Information |
| License # | 010843 | | | | | SANDRA SANDS ARNAEZ |
| Lic Expire | 10/31/2019 | | | | | 12407 SHADOWVALE DR |
| Medicare 1: | 747008 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 960-1188 | Fax | (713) 622-7877 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | SANDRA SANDS-ARNAEZ | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/26/2016 | Owner Information |
| License # | 017652 | | | | | ST ANNA'S TENDER CARE |
| Lic Expire | 09/30/2018 | | | | | 635 BOLD RULER DRIVE |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 983-4882 | Fax | (713) 773-2942 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTHONY ADEFOPE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/30/2012 | Owner Information |
| License # | 014879 | | | | | ST CLARE HOME CARE, INC. |
| Lic Expire | 04/30/2018 | | | | | 4635 SOUTHWEST FREEWAY, SUITE #303 |
| Medicare 1: | 747170 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 572-4663 | Fax | (713) 572-4653 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CATHERINE PATENIA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/31/2003 | Owner Information |
| License # | 008577 | | | | | ST FRANCIS HEALTH CARE SERVICES INC. |
| Lic Expire | 07/31/2018 | | | | | 9888 BISSONNET, SUITE #370 |
| Medicare 1: | 679434 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-2200 | Fax | (713) 271-2204 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN IBE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/26/2013 | Owner Information |
| License # | 015507 | | | | | ST. HELEN HEALTHCARE, LLC |
| Lic Expire | 04/30/2019 | | | | | 9896 BISSONNET STREET, SUITE 320 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 306-1405 | Fax | (713) 893-6129 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA ONWUACHI EHINOMEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/21/2006 | Owner Information |
| License # | 010872 | | | | | ST JUDE VISITING NURSES HOMEHEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 2020 N LOOP W SUITE 140 |
| Medicare 1: | 453186 | | | | | HOUSTON, TX 77018 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-5833 | Fax | (713) 783-5883 | | | Services: |
| Type: | Parent Agency | Administrator | ERIC MINJARES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/22/2007 | Owner Information |
| License # | 011346 | | | | | ST MARTIN HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 10015 N. ELDRIDGE PKWY STE. E- 109 |
| Medicare 1: | 747044 | | | | | HOUSTON, TX 77065 |
| Medicare 2: | | | | | | |
| Phone | (713) 771-5553 | Fax | (713) 771-5090 | | | Services: |
| Type: | Parent Agency | Administrator | NAOMI FAVELA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/02/2014 | Owner Information |
| License # | 016630 | | | | | ST MARY'S HEALTHCARE INC |
| Lic Expire | 12/31/2016 | | | | | 9100 SOUTHWEST FREEWAY SUITE 152 |
| Medicare 1: | 673181 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 783-8989 | Fax | (713) 783-8997 | | | Services: |
| Type: | Parent Agency | Administrator | OKECHUKWU A OKPARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/12/2000 | Owner Information |
| License # | 007453 | | | | | ST MARY'S HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | 5300 HOLLISTER RD SUITE 500 |
| Medicare 1: | 459442 | | | | | HOUSTON, TX 77040 |
| Medicare 2: | | | | | | |
| Phone | (713) 781-4211 | Fax | (713) 781-4221 | | | Services: |
| Type: | Parent Agency | Administrator | SANJUANA TOLEDO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2010 | Owner Information |
| License # | 013776 | | | | | ST THOMAS HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 14761 |
| Medicare 1: | | | | | | HOUSTON, TX 77022 |
| Medicare 2: | | | | | | |
| Phone | (832) 881-0489 | Fax | (281) 919-2782 | | | Services: |
| Type: | Parent Agency | Administrator | BECCY NDUKWE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/30/2005 | Owner Information |
| License # | 009977 | | | | | ST. AGNES HEALTHCARE PROFESSIONALS INC |
| Lic Expire | 08/31/2018 | | | | | P.O. BOX 2269 |
| Medicare 1: | 453154 | | | | | STAFFORD, TX 77497 |
| Medicare 2: | | | | | | |
| Phone | (713) 777-6333 | Fax | (713) 777-6332 | | | Services: |
| Type: | Parent Agency | Administrator | ANIE USORO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/23/2005 | Owner Information |
| License # | 009600 | | | | | STAR HOME HEALTH INC |
| Lic Expire | 02/28/2019 | | | | | 6201 BONHOMME SUITE #365N |
| Medicare 1: | 677874 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 785-4949 | Fax | (713) 782-6100 | | | Services: |
| Type: | Parent Agency | Administrator | CLEMENTINA IKWUEZUNMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/14/2013 | Owner Information |
| License # | 015429 | | | | | STAR OF MARIS HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 10103 FONDREN RD SUITE 462 |
| Medicare 1: | | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 773-1999 | Fax | (713) 583-2765 | | | Services: |
| Type: | Parent Agency | Administrator | CEDRIC C IHEGWORD | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/25/2016 | Owner Information |
| License # | 017595 | | | | | SS NATIONAL HOSPICE SOLUTIONS LLC |
| Lic Expire | 08/31/2018 | | | | | 510 BERING 300 |
| Medicare 1: | 741687 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 385-1865 | Fax | (713) 583-7447 | | | Hospice |
| Type: | Parent Agency | Administrator | SATAVIA HAZLEY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2016 | Owner Information |
| License # | 017704 | | | | | STARCHING HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 7457 HARWIN DRIVE STE 254 |
| Medicare 1: | 747054 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 491-0092 | Fax | (281) 242-0669 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | COLLINS UMERAH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/24/2008 | Owner Information |
| License # | 011840 | | | | | STARPOINT HEALTH SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 8300 BISSONNET SUITE 380 |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-1286 | Fax | (713) 777-1287 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STELLA ADOTAMA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/09/2003 | Owner Information |
| License # | 008686 | | | | | STATES HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 6666 HARWIN SUITE 540 |
| Medicare 1: | 453132 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 532-6800 | Fax | (713) 532-0538 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSEMARY EKEH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/15/2016 | Owner Information |
| License # | 017529 | | | | | LFK ENTERPRISE LLC COMPANY |
| Lic Expire | 07/31/2018 | | | | | 11414 CHIMNEY ROCK SUITE 206 |
| Medicare 1: | | | | | | HOUSTON, TX 77035 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 291-0245 | Fax | (713) 401-9555 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | REDA GURGIS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/11/2010 | Owner Information |
| License # | 013386 | | | | | STEADFAST HEALTHCARE, LLC |
| Lic Expire | 06/30/2018 | | | | | 13311 ARLON TRAIL |
| Medicare 1: | 747715 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 641-9713 | Fax | (281) 531-7645 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | REGINA VESE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/11/2006 | Owner Information |
| License # | 010447 | | | | | STEADFAST HOME COMPANION SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 9894 BISSONNET STREET SUITE #605 |
| Medicare 1: | 679658 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 333-9590 | Fax | (713) 333-9592 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELI AMPER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/17/2012 | Owner Information |
| License # | 014586 | | | | | JAYSTAL, INC. |
| Lic Expire | 01/31/2020 | | | | | 8511 OLD BROOK DRIVE |
| Medicare 1: | 747832 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 367-7371 | Fax | (713) 271-3531 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESTELLA ABAM | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2006 | <u>Owner Information</u> |
| License # | 010333 | | | | | STJ HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 11302 W BELLFORT ST |
| Medicare 1: | 679369 | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | |
| Phone | (832) 251-0664 | Fax | (832) 251-0886 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE ADENOTE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2016 | <u>Owner Information</u> |
| License # | 017457 | | | | | STRENGTH WITHIN LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 1256 |
| Medicare 1: | | | | | | PEARLAND, TX 77588 |
| Medicare 2: | | | | | | |
| Phone | (281) 508-0739 | Fax | (713) 987-9199 | | | Services: |
| Type: | Parent Agency | Administrator | JEZREEL WASHTINGTON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/29/2014 | <u>Owner Information</u> |
| License # | 016449 | | | | | SUBURBAN CAREGIVERS INC |
| Lic Expire | 09/30/2018 | | | | | 2217 BLODGETT ST SUITE 909 |
| Medicare 1: | | | | | | HOUSTON, TX 77004 |
| Medicare 2: | | | | | | |
| Phone | (832) 549-0994 | Fax | (832) 579-0161 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER ROY | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2015 | <u>Owner Information</u> |
| License # | 016941 | | | | | SUGARLAND TRINITY HOME HEALTH CARE, INC. |
| Lic Expire | 03/31/2019 | | | | | 15807 CERCA BLANCA DRIVE SUITE #B |
| Medicare 1: | 747616 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 277-0848 | Fax | (281) 277-6808 | | | Services: |
| Type: | Parent Agency | Administrator | GABRIEL IGWALA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/15/2016 | <u>Owner Information</u> |
| License # | 017857 | | | | | SUMAR HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 9100 SOUTHWEST FREEWAY STE 107 |
| Medicare 1: | 747459 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (281) 261-0142 | Fax | (281) 261-0507 | | | Services: |
| Type: | Parent Agency | Administrator | STACEY N AJAJA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/23/2007 | <u>Owner Information</u> |
| License # | 011186 | | | | | SUMIC CARE INCORPORATED |
| Lic Expire | 03/31/2019 | | | | | 11618 OGUNNOWO LANE |
| Medicare 1: | 747009 | | | | | HOUSTON, TX 77031 |
| Medicare 2: | | | | | | |
| Phone | (713) 988-0013 | Fax | (713) 981-4089 | | | Services: |
| Type: | Parent Agency | Administrator | OLAMIDE OGUNNOWO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/29/2012 | <u>Owner Information</u> |
| License # | 014903 | | | | | SUMIC HEALTH INCORPORATED |
| Lic Expire | 06/30/2018 | | | | | 7618 PORTAL DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 266-8011 | Fax | (713) 266-8015 | | | Services: |
| Type: | Parent Agency | Administrator | OLAMIDE OGUNNOWO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/18/2006 | <u>Owner Information</u> |
| License # | 010396 | | | | | THE TAO DIMENSION INC |
| Lic Expire | 04/30/2019 | | | | | 6501 WESTLINE |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 988-2843 | Fax | (713) 988-2840 | | | Services: |
| Type: | Parent Agency | Administrator | JAN CHANG | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2013 | Owner Information |
| License # | 015950 | | | | | SUPERIOR INTEGRATED HOME HEALTH CARE, INC. |
| Lic Expire | 09/30/2019 | | | | | 5353 WEST ALABAMA, SUITE #208 |
| Medicare 1: | 679511 | | | | | HOUSTON, TX 77056 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 802-6034 | Fax | (713) 583-4470 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERYL BEAUSOLIEL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/06/2015 | Owner Information |
| License # | 016884 | | | | | SUPREME HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 6200 SAVOY DRIVE SUITE 250 |
| Medicare 1: | 458221 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 499-3444 | Fax | (281) 499-9442 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NIRMALA PASALA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/24/1997 | Owner Information |
| License # | 005646 | | | | | SUPREME NURSING SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 2101 CRAWFORD SUITE #306 |
| Medicare 1: | 678439 | | | | | HOUSTON, TX 77002 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 752-0166 | Fax | (713) 752-0503 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIE GBEMISOLA SUMON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2018 | Owner Information |
| License # | 018599 | | | | | SUREWAY HEALTH SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 9050 COOK RD SUITE 204 |
| Medicare 1: | | | | | | HOUSTON, TX 77099 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 774-6541 | Fax | (281) 741-9831 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCIS AGHADO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/13/2013 | Owner Information |
| License # | 015708 | | | | | SUSTAIN HOME HEALTH CARE SERVICES |
| Lic Expire | 08/31/2019 | | | | | 9900 WESTPARK DRIVE STE 262 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 422-4111 | Fax | (832) 422-4112 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN DAVID DOZIER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/06/2008 | Owner Information |
| License # | 012051 | | | | | SYNERGY HEALTH SERVICES PLLC |
| Lic Expire | 06/30/2018 | | | | | 7610 LAS FLORES DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 568-5500 | Fax | (281) 568-5549 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LETICIA O IBE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/23/2013 | Owner Information |
| License # | 015561 | | | | | HASELDEN HOMECARE LLC |
| Lic Expire | 05/31/2019 | | | | | 16300 KATY FREEWAY SUITE 185 |
| Medicare 1: | | | | | | HOUSTON, TX 77094 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 803-0011 | Fax | (281) 206-7435 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HAYLEY HASELDEN SHEEKS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/24/2007 | Owner Information |
| License # | 011014 | | | | | MONARCH ENDEAVORS LLC |
| Lic Expire | 01/31/2019 | | | | | 14425 TORREY CHASE BLVD., SUITE 170 |
| Medicare 1: | | | | | | HOUSTON, TX 77014 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 999-2273 | Fax | (713) 400-9552 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHAD A JOLLEY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/20/2015 | <u>Owner Information</u> |
| License # | 016783 | | | | | BRISTOL ENTERPRISES BAY AREA INC |
| Lic Expire | 02/28/2019 | | | | | 2390 EASTEX FREEWAY SUITE 100 |
| Medicare 1: | | | | | | BEAUMONT, TX 77703 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 535-1979 | Fax | (281) 245-3325 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHANIE ALLEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/21/2006 | <u>Owner Information</u> |
| License # | 010630 | | | | | BEACON HILL INVESTMENTS CORP |
| Lic Expire | 07/31/2019 | | | | | 1225 N LOOP WEST SUITE 322 |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 868-6112 | Fax | (713) 868-9946 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL WILLETT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/20/2017 | <u>Owner Information</u> |
| License # | 018524 | | | | | AA & B HOME CARE INC |
| Lic Expire | 12/31/2019 | | | | | 9302 GAUGUIN LANE |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77459 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 321-2488 | Fax | (713) 391-8943 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BEATRICE ASHU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/29/2017 | <u>Owner Information</u> |
| License # | 018350 | | | | | 8702 WILD BASIN DR STE A |
| Lic Expire | 09/30/2019 | | | | | 8702 WILD BASIN STE A |
| Medicare 1: | | | | | | HOUSTON, TX 77088 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 965-3630 | Fax | (281) 947-3120 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANITA B ANDERSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/19/2014 | <u>Owner Information</u> |
| License # | 016796 | | | | | T AND M HEALTHCARE SERVICE INC |
| Lic Expire | 12/31/2018 | | | | | 6161 SAVOY SUITE 1100 |
| Medicare 1: | 747280 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 582-7272 | Fax | (832) 582-7295 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOYCE NNEDI AGU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/13/2001 | <u>Owner Information</u> |
| License # | 007959 | | | | | TAWL HEALTH CARE INC |
| Lic Expire | 02/29/2020 | | | | | 9898 BISSONNET SUITE #600 |
| Medicare 1: | 459292 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-9171 | Fax | (713) 777-9617 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TONG MU | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008353 | | | | | TEAMCARE HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | P O BOX 771102 |
| Medicare 1: | 679126 | | | | | HOUSTON, TX 77215 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 838-1105 | Fax | (713) 838-8686 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IBIM BOBMANUEL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/31/2003 | <u>Owner Information</u> |
| License # | 008337 | | | | | TEMPORARY HOME CARE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 740607 |
| Medicare 1: | | | | | | HOUSTON, TX 77274 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-8800 | Fax | (713) 271-0966 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BARBARA K HOWE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2017 | Owner Information |
| License # | 018022 | | | | | TEXACARE HEALTH SERVICES, INC. |
| Lic Expire | 02/28/2019 | | | | | 8700 COMMERCE PARK DRIVE, SUITE #206 |
| Medicare 1: | 679150 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-6321 | Fax | (713) 271-6363 | | | Services: |
| Type: | Parent Agency | Administrator | GABRIEL ONI | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/23/2013 | Owner Information |
| License # | 015962 | | | | | APPLIED HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 1600 BROADWAY, SUITE 700 |
| Medicare 1: | | | | | | DENVER, CO 80202 |
| Medicare 2: | | | | | | |
| Phone | (713) 782-4442 | Fax | (713) 782-4494 | | | Services: |
| Type: | Parent Agency | Administrator | DIANE SEATON | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2014 | Owner Information |
| License # | 016272 | | | | | TEXAS DEPENDABLE CARE LLC |
| Lic Expire | 01/31/2016 | | | | | 2303 BLUE WILLOW DR |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (832) 785-1936 | Fax | (713) 575-5609 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN GREATHOUSE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/28/2007 | Owner Information |
| License # | 011195 | | | | | TEXAS HEALTHSOURCE INC |
| Lic Expire | 03/31/2018 | | | | | 9888 BISSONNET ST SUITE 530 |
| Medicare 1: | 747122 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 772-9722 | Fax | (713) 981-5825 | | | Services: |
| Type: | Parent Agency | Administrator | JOANN I ABRAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/07/2009 | Owner Information |
| License # | 012893 | | | | | TEXAS HOME CARE PARTNERS OF HOUSTON LLC |
| Lic Expire | 10/31/2019 | | | | | 1309 ANTOINE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77055 |
| Medicare 2: | | | | | | |
| Phone | (713) 636-9919 | Fax | (713) 636-9865 | | | Services: |
| Type: | Parent Agency | Administrator | TAMMY MILLS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/28/2006 | Owner Information |
| License # | 010899 | | | | | TEXAS HOME HEALTH HOSPICE |
| Lic Expire | 11/30/2019 | | | | | 17855 N DALLAS PKWY STE 200 |
| Medicare 1: | 671559 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (713) 895-8615 | Fax | (713) 460-1887 | | | Services: |
| Type: | Parent Agency | Administrator | DORIS BROWN | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2017 | Owner Information |
| License # | 018358 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 09/30/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (713) 947-6265 | Fax | (713) 947-6245 | | | Services: |
| Type: | Parent Agency | Administrator | LARNA RICHARD | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2004 | Owner Information |
| License # | 008850 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 01/31/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (409) 762-4944 | Fax | (409) 762-2889 | | | Services: |
| Type: | Parent Agency | Administrator | LARNA RICHARD | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/09/2001 | Owner Information |
| License # | 007607 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2020 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 947-6265 | Fax | (713) 947-6245 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LARNA RICARD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/26/2003 | Owner Information |
| License # | 008776 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 11/30/2018 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 592-5237 | Fax | (281) 592-3326 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LARNA RICARD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/20/2004 | Owner Information |
| License # | 008869 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 01/31/2020 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 532-8572 | Fax | (979) 532-3206 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LARNA RICARD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/13/2009 | Owner Information |
| License # | 012556 | | | | | MEFI INC |
| Lic Expire | 04/30/2017 | | | | | PO BOX 542262 |
| Medicare 1: | 679306 | | | | | HOUSTON, TX 77254 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 933-2300 | Fax | (281) 933-2302 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MBOMETTE A UDOBONG | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/08/2010 | Owner Information |
| License # | 013442 | | | | | TEXAS PLUS HOMEHEALTH, INC |
| Lic Expire | 07/31/2018 | | | | | 6655 HILLCROFT STREET, SUITE #227 |
| Medicare 1: | | | | | | HOUSTON, TX 77081 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 981-1111 | Fax | (713) 981-1101 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BEATRICE O ONYEDIRI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/07/2007 | Owner Information |
| License # | 011752 | | | | | TEXAS PREMIER CARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 14525 FM 529 SUITE 102 |
| Medicare 1: | 743170 | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 463-1166 | Fax | (281) 463-1168 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHINYERE NZEADIBE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/03/1998 | Owner Information |
| License # | 006843 | | | | | TEXAS QUALITY ONE MEDICAL SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 2646 SOUTH LOOP WEST SUITE 250 |
| Medicare 1: | 459172 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 784-5255 | Fax | (713) 838-0356 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANIEL AMARE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/25/2016 | Owner Information |
| License # | 017367 | | | | | TFH CARE SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 9950 WEST PARK DRIVE SUITE 644 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 564-0271 | Fax | (281) 564-7326 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FEFI JAMES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2008 | <u>Owner Information</u> |
| License # | 012326 | | | | | THE ELDERCARE NETWORK LLC |
| Lic Expire | 11/30/2018 | | | | | 6825 ROWAN LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 271-6658 | Fax | (713) 271-8727 | | | Services: |
| Type: | Parent Agency | Administrator | JOAN DEROOY | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/18/2002 | <u>Owner Information</u> |
| License # | 008157 | | | | | THE FOUR GROUP HOMECARE, LLC |
| Lic Expire | 10/31/2019 | | | | | 4615 SOUTHWEST FRWY, SUITE #400 |
| Medicare 1: | 679363 | | | | | HOUSTON, TX 77027 |
| Medicare 2: | | | | | | |
| Phone | (713) 840-1811 | Fax | (713) 840-1822 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL CHIMA ONUOHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/02/1995 | <u>Owner Information</u> |
| License # | 004001 | | | | | BRAZOS PRESBYTERIAN HOMES INC |
| Lic Expire | 10/31/2019 | | | | | 4141 SOUTH BRAESWOOD BOULEVARD |
| Medicare 1: | | | | | | HOUSTON, TX 77025 |
| Medicare 2: | | | | | | |
| Phone | (713) 622-6633 | Fax | (713) 599-1324 | | | Services: |
| Type: | Parent Agency | Administrator | KATHY CLOSE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/13/2017 | <u>Owner Information</u> |
| License # | 018510 | | | | | LIVING HOSPICE CARE OF TEXAS, INC |
| Lic Expire | 12/31/2019 | | | | | 11999 KATY FREEWAY SUITE 396 |
| Medicare 1: | | | | | | HOUSTON, TX 77079 |
| Medicare 2: | | | | | | |
| Phone | (281) 741-5337 | Fax | (281) 741-7912 | | | Services: |
| Type: | Parent Agency | Administrator | TERROINEE GARRETT | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/18/2014 | <u>Owner Information</u> |
| License # | 016266 | | | | | THE MASTER CAREGIVER COMPANY, LLC. |
| Lic Expire | 06/30/2018 | | | | | 2408 KIPLING STREET |
| Medicare 1: | | | | | | HOUSTON, TX 77098 |
| Medicare 2: | | | | | | |
| Phone | (713) 528-6577 | Fax | (713) 527-0093 | | | Services: |
| Type: | Parent Agency | Administrator | RITA NORWOOD JUSTICE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2017 | <u>Owner Information</u> |
| License # | 018480 | | | | | THE MENNINGER CLINIC |
| Lic Expire | 11/30/2019 | | | | | 12301 S MAIN |
| Medicare 1: | | | | | | HOUSTON, TX 77025 |
| Medicare 2: | | | | | | |
| Phone | (713) 275-5000 | Fax | (713) 275-5120 | | | Services: |
| Type: | Parent Agency | Administrator | MATTHEW ESTEY | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/10/2015 | <u>Owner Information</u> |
| License # | 016678 | | | | | THE SERENITY GROUP INC |
| Lic Expire | 03/31/2019 | | | | | 8904 LAKESHORE BEND DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77080 |
| Medicare 2: | | | | | | |
| Phone | (832) 884-8458 | Fax | (888) 224-3820 | | | Services: |
| Type: | Parent Agency | Administrator | LEDARRE ZEIGLER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/09/1998 | <u>Owner Information</u> |
| License # | 006380 | | | | | THE ULTIMATE HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 2507 LACEWING LANE |
| Medicare 1: | 673167 | | | | | HOUSTON, TX 77067 |
| Medicare 2: | | | | | | |
| Phone | (832) 722-3592 | Fax | (281) 631-0251 | | | Services: |
| Type: | Parent Agency | Administrator | RITA MAE NAIRNE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/30/2011 | Owner Information |
| License # | 007367 | | | | | THERAPY 2000 INC |
| Lic Expire | 07/31/2018 | | | | | 2535 LONE STAR DR |
| Medicare 1: | | | | | | DALLAS, TX 75212 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 467-9787 | Fax | (214) 741-3655 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JERRE T VAN DEN BENT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/19/2016 | Owner Information |
| License # | 017698 | | | | | THREE B'S HOME HEALTH CARE INC. |
| Lic Expire | 08/31/2018 | | | | | 9800 CENTRE PARKWAY, SUITE 260A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 776-9996 | Fax | (888) 202-1988 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GODWIN C. AMAEFULE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/01/2016 | Owner Information |
| License # | 017881 | | | | | FIRST CHOICE CHILDRENS HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 701 EDGEWATER DRIVE SUITE 300 |
| Medicare 1: | | | | | | WAKEFIELD, MA 01880 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 666-8287 | Fax | (713) 660-8391 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHERYL LOREE CONRAD | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/08/2006 | Owner Information |
| License # | 010331 | | | | | TIMELESS HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | P O BOX 300889 |
| Medicare 1: | 679756 | | | | | HOUSTON, TX 77230 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 271-5814 | Fax | (713) 270-7396 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BEKEE NWAKANMA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/11/2003 | Owner Information |
| License # | 008636 | | | | | JOHN T LESLIE II INC |
| Lic Expire | 09/30/2018 | | | | | 15110 MINTZ LANE |
| Medicare 1: | 453114 | | | | | HOUSTON, TX 77014 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 591-0915 | Fax | (281) 591-0921 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN T LESLIE, II | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/20/2012 | Owner Information |
| License # | 014882 | | | | | JOHN T LESLIE II INC |
| Lic Expire | 06/30/2018 | | | | | 15110 MINTZ LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77014 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 591-0915 | Fax | (281) 591-0921 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN T. LESLIE II | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/13/2003 | Owner Information |
| License # | 008739 | | | | | TOBI HEALTH CARE SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 7211 REGENCY SQUARE BLVD SUITE #246 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 953-7680 | Fax | (713) 953-1523 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TOYIN JAMES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/14/1996 | Owner Information |
| License # | 004948 | | | | | TODAY'S HEALTHCARE LLC |
| Lic Expire | 10/31/2018 | | | | | 8602 JASON STREET |
| Medicare 1: | 459310 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 777-0778 | Fax | (713) 777-3930 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN C ONWUDEBE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/08/2005 | Owner Information |
| License # | 009856 | | | | | TOP HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 2626 SOUTH LOOP WEST 426 |
| Medicare 1: | 677927 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | |
| Phone | (713) 667-7202 | Fax | (713) 667-0712 | | | Services: |
| Type: | Parent Agency | Administrator | KUDY ADELAKUN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/19/2014 | Owner Information |
| License # | 016097 | | | | | TOP NOTCH HEALTH CARE ASSISTANCE, LLC |
| Lic Expire | 03/31/2018 | | | | | P O BOX 20533 |
| Medicare 1: | | | | | | HOUSTON, TX 77025 |
| Medicare 2: | | | | | | |
| Phone | (281) 257-9061 | Fax | (281) 257-9068 | | | Services: |
| Type: | Parent Agency | Administrator | PRINCESS COOPER | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/13/2010 | Owner Information |
| License # | 013317 | | | | | TOPICAL HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 13515 AVONSHIRE DR |
| Medicare 1: | 747719 | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 933-3745 | Fax | (888) 851-5946 | | | Services: |
| Type: | Parent Agency | Administrator | DONATUS ELIOKU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/27/1997 | Owner Information |
| License # | 006486 | | | | | NEW TOTAL CONCEPT HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2018 | | | | | 11842 RICEVILLE SCHOOL ROAD |
| Medicare 1: | 459308 | | | | | HOUSTON, TX 77031 |
| Medicare 2: | | | | | | |
| Phone | (713) 988-0366 | Fax | (713) 988-0419 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL JOSEPH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/23/1988 | Owner Information |
| License # | 001009 | | | | | OLIVE MCPHERSON-BARTON |
| Lic Expire | 05/31/2018 | | | | | PO BOX 66153 |
| Medicare 1: | | | | | | HOUSTON, TX 77266 |
| Medicare 2: | | | | | | |
| Phone | (713) 942-7557 | Fax | (713) 942-7831 | | | Services: |
| Type: | Parent Agency | Administrator | OLIVE MCPHERSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/24/1997 | Owner Information |
| License # | 005424 | | | | | TOTAL HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 1419 WEST 24TH STREET |
| Medicare 1: | 459406 | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (713) 647-7036 | Fax | (713) 647-9358 | | | Services: |
| Type: | Parent Agency | Administrator | HARLEY S TUBLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2014 | Owner Information |
| License # | 016075 | | | | | KMTM ENTERPRISES, INC. |
| Lic Expire | 02/28/2018 | | | | | 2121 SAGE ROAD, SUITE #225 |
| Medicare 1: | 458099 | | | | | HOUSTON, TX 77056 |
| Medicare 2: | | | | | | |
| Phone | (713) 871-1131 | Fax | (713) 871-1194 | | | Services: |
| Type: | Parent Agency | Administrator | VALERIA GALVEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/20/2016 | Owner Information |
| License # | 017804 | | | | | SOUTHLAND UNITED HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 8200 WEDNESBURY LANE SUITE 225 |
| Medicare 1: | 671755 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (832) 767-0420 | Fax | (832) 767-0418 | | | Services: |
| Type: | Parent Agency | Administrator | LEONEL OROZCO | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2004 | Owner Information |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (281) 858-1165 | Fax | (281) 345-9790 | | | Services: |
| Type: | Parent Agency | Administrator | JANET BOWLES | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/01/2012 | Owner Information |
| License # | 015118 | | | | | TRADITIONS HEALTH CARE OF HOUSTON / GALVESTON LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 9980 |
| Medicare 1: | 45Q8141001 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | |
| Phone | (409) 766-1062 | Fax | (409) 766-1063 | | | Services: |
| Type: | Branch Agency | Administrator | RUSSELL W RIDENHOUR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/12/2017 | Owner Information |
| License # | 018269 | | | | | TRADITIONS HOSPICE OF SOUTH HOUSTON LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 9980 |
| Medicare 1: | 671686 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | |
| Phone | (281) 333-4048 | Fax | (281) 333-4341 | | | Services: |
| Type: | Parent Agency | Administrator | LORI RINEHART | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/10/2017 | Owner Information |
| License # | 017848 | | | | | TRADITIONS HOSPICE OF GALVESTON LLC |
| Lic Expire | 01/31/2019 | | | | | P. O. BOX 9980 |
| Medicare 1: | 671684 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | |
| Phone | (281) 919-1780 | Fax | (281) 781-7112 | | | Services: |
| Type: | Parent Agency | Administrator | APRIL D. ALLEN | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/24/2009 | Owner Information |
| License # | 013263 | | | | | AZTEX HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 11205 SOUTH MAIN #105 |
| Medicare 1: | 747420 | | | | | HOUSTON, TX 77025 |
| Medicare 2: | | | | | | |
| Phone | (713) 665-5471 | Fax | (281) 936-0199 | | | Services: |
| Type: | Parent Agency | Administrator | JUSTUS M KOCH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/03/1996 | Owner Information |
| License # | 004485 | | | | | TRI ACECARE HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 2506 A NANTUCKET DRIVE |
| Medicare 1: | 459050 | | | | | HOUSTON, TX 77057 |
| Medicare 2: | | | | | | |
| Phone | (281) 999-1943 | Fax | (713) 244-9875 | | | Services: |
| Type: | Parent Agency | Administrator | YVONNE C ISIDRO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/1998 | Owner Information |
| License # | 006489 | | | | | 1ST TRINITY HOME HEALTH CARE INC |
| Lic Expire | 01/31/2018 | | | | | 7322 SOUTHWEST FREEWAY # 1105 |
| Medicare 1: | 678253 | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | |
| Phone | (713) 665-6666 | Fax | (713) 665-6663 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE CROSBY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/26/2004 | Owner Information |
| License # | 009112 | | | | | TRINITY HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 8700 COMMERCE PARK SUITE 239 |
| Medicare 1: | 457816 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 774-6363 | Fax | (713) 774-8282 | | | Services: |
| Type: | Parent Agency | Administrator | BERNARD UGWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 09/30/2013 | Owner Information |
| License # | 015874 | | | | | MAJOR HEALTHCARE SYSTEMS LLC |
| Lic Expire | 09/30/2019 | | | | | 5450 NW CENTRAL DRIVE, SUITE 111 |
| Medicare 1: | 678332 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | |
| Phone | (713) 682-3090 | Fax | (713) 682-3325 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID MORENO | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/29/2015 | Owner Information |
| License # | 017195 | | | | | TRINITY J'S HEALTHCARE, LLC |
| Lic Expire | 12/31/2017 | | | | | 12322 EAST FREEWAY SUITE C |
| Medicare 1: | | | | | | HOUSTON, TX 77015 |
| Medicare 2: | | | | | | |
| Phone | (713) 822-9398 | Fax | (713) 450-2179 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI GREENWOOD | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/15/2016 | Owner Information |
| License # | 017700 | | | | | TRIUMPH HEALTH CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 10590 WEST OFFICE DR. SUITE #105 |
| Medicare 1: | 747736 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (832) 573-6736 | Fax | (713) 271-2298 | | | Services: |
| Type: | Parent Agency | Administrator | OMOYEME OBEAHON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2017 | Owner Information |
| License # | 018415 | | | | | TRUE CARE HOSPICE |
| Lic Expire | 10/31/2019 | | | | | 19901 SOUTHWEST FREEWAY |
| Medicare 1: | | | | | | SUGAR LAND, TX 77478 |
| Medicare 2: | | | | | | |
| Phone | (281) 630-0483 | Fax | (832) 767-5933 | | | Services: |
| Type: | Parent Agency | Administrator | TOM T KURIAN | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/25/2014 | Owner Information |
| License # | 016281 | | | | | TRUE COMPASSION HOME HEALTH LLC |
| Lic Expire | 06/30/2018 | | | | | 8937 NYSSA ST |
| Medicare 1: | | | | | | HOUSTON, TX 77078 |
| Medicare 2: | | | | | | |
| Phone | (713) 894-2185 | Fax | (713) 574-2943 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA MICHELLE RIVERS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/28/2010 | Owner Information |
| License # | 013422 | | | | | TRUHAVEN HOME HEALTH SERVICES INCORPORATED |
| Lic Expire | 06/30/2018 | | | | | 11311 RICHMOND AVE SUITE L100A |
| Medicare 1: | 747570 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (281) 496-4144 | Fax | (281) 758-0757 | | | Services: |
| Type: | Parent Agency | Administrator | DORIS OBODOECHINA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/19/2008 | Owner Information |
| License # | 012364 | | | | | TRUSTUS HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 10103 FONDREN RD SUITE 500 |
| Medicare 1: | 747430 | | | | | HOUSTON, TX 77096 |
| Medicare 2: | | | | | | |
| Phone | (713) 484-5122 | Fax | (713) 343-2722 | | | Services: |
| Type: | Parent Agency | Administrator | ADETOKUNBO O OLAOYE TENNYSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2006 | Owner Information |
| License # | 010842 | | | | | TRITRAX THERAPY INC |
| Lic Expire | 10/31/2018 | | | | | 12407 SHADOWVALE DRIVE |
| Medicare 1: | 679764 | | | | | HOUSTON, TX 77082 |
| Medicare 2: | | | | | | |
| Phone | (713) 850-0088 | Fax | (713) 622-0688 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA SANDS ARNAEZ | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 09/20/2016 | Owner Information |
| License # | 017641 | | | | | INSERVIO, LLC |
| Lic Expire | 09/30/2018 | | | | | 7211 REGENCY SQUARE BLVD SUITE 110 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 344-1214 | Fax | (888) 336-7050 | | | Services: |
| Type: | Parent Agency | Administrator | RISTY DURBIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/10/2006 | Owner Information |
| License # | 010441 | | | | | UAC HEALTH CARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 14206 S POST OAK ROAD |
| Medicare 1: | 679645 | | | | | HOUSTON, TX 77045 |
| Medicare 2: | | | | | | |
| Phone | (713) 413-2444 | Fax | (713) 433-5574 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCOISE BANGOURA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/26/2003 | Owner Information |
| License # | 008617 | | | | | AMA ULTIMATE HOME HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 2118 WAR ADMIRAL DR |
| Medicare 1: | | | | | | STAFFORD, TX 77477 |
| Medicare 2: | | | | | | |
| Phone | (713) 988-8668 | Fax | (713) 988-8985 | | | Services: |
| Type: | Parent Agency | Administrator | AMAETTE ENO OKON | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/29/2017 | Owner Information |
| License # | 018442 | | | | | UC ULTIMATE THERAPY SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 9900 WESTPARK DR SUITE 340 |
| Medicare 1: | 677999 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (832) 252-1030 | Fax | (832) 252-1062 | | | Services: |
| Type: | Parent Agency | Administrator | NNEAMAKA AKALUSO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/09/1988 | Owner Information |
| License # | 000980 | | | | | JWS HEALTH CONSULTANTS INC |
| Lic Expire | 05/31/2019 | | | | | 1818 MEMORIAL DR SUITE 200 |
| Medicare 1: | | | | | | HOUSTON, TX 77007 |
| Medicare 2: | | | | | | |
| Phone | (713) 522-7100 | Fax | (713) 522-0744 | | | Services: |
| Type: | Parent Agency | Administrator | JOLYN WEST SCHEIRMAN | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/21/2016 | Owner Information |
| License # | 017812 | | | | | UNI STAR PERSONAL CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 16406 GLENVINE DR |
| Medicare 1: | | | | | | HUMBLE, TX 77396 |
| Medicare 2: | | | | | | |
| Phone | (713) 231-7281 | Fax | (281) 747-1919 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCIS ORTIZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/2011 | Owner Information |
| License # | 014109 | | | | | UNIFIED MEDICAL GROUP, INC |
| Lic Expire | 03/31/2019 | | | | | 10101 HARWIN DRIVE, SUITE #336 |
| Medicare 1: | 677995 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 772-1300 | Fax | (713) 772-1310 | | | Services: |
| Type: | Parent Agency | Administrator | IJEOMA CLEMENT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/19/2006 | Owner Information |
| License # | 010398 | | | | | UNIQUE HOME HEALTH SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 10333 HARWIN DR SUITE 370 |
| Medicare 1: | 679577 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 933-8005 | Fax | (832) 230-4142 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNKE ONIYA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/16/2012 | Owner Information |
| License # | 014931 | | | | | UNIQUE LIVING HEALTH AND WELLNESS FACILITY, LLC |
| Lic Expire | 07/31/2018 | | | | | 1927 MEADOW EDGE LANE |
| Medicare 1: | | | | | | SPRING, TX 77388 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 347-1755 | Fax | (832) 442-5304 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TASHA GUERIN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/30/2015 | Owner Information |
| License # | 017110 | | | | | UNISTAR HEALTHCARE SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | 8403 BRIGHTON LAKE LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 732-7395 | Fax | (713) 583-5660 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TABITHA OMONDI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/29/2010 | Owner Information |
| License # | 013630 | | | | | UNITED AMERICA HOME HEALTH SERVICES, INC. |
| Lic Expire | 06/30/2018 | | | | | 11200 WESTHEIMER ROAD, #350 |
| Medicare 1: | 677869 | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 975-1310 | Fax | (713) 975-7312 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | STELLA CHIDOKA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/15/2000 | Owner Information |
| License # | 007402 | | | | | GRARUDA ENTERPRISES INC |
| Lic Expire | 08/31/2019 | | | | | 4000 DOVER STREET, SUITE #100 |
| Medicare 1: | 679018 | | | | | HOUSTON, TX 77087 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 944-0500 | Fax | (713) 944-0600 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BENITA TURK | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/05/2008 | Owner Information |
| License # | 012113 | | | | | ALPHONSUS LEWIS |
| Lic Expire | 05/31/2018 | | | | | 7100 REGENCY SQUARE BLVD SUITE #255 |
| Medicare 1: | 678449 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 914-9141 | Fax | (713) 914-9464 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALPHONSUS LEWIS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/08/1998 | Owner Information |
| License # | 006751 | | | | | MEMORIAL HERMANN HEALTH SYSTEM |
| Lic Expire | 12/31/2019 | | | | | 7480 BEECHNUT |
| Medicare 1: | | | | | | HOUSTON, TX 77074 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 541-2900 | Fax | (713) 456-4828 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAVITHA LAKSHMIKANTH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/22/2016 | Owner Information |
| License # | 017909 | | | | | UNLIMITED HELP NURSING SERVICES INC. |
| Lic Expire | 08/31/2018 | | | | | 8700 COMMERCE PARK DRIVE SUITE #231 |
| Medicare 1: | 747677 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 981-7694 | Fax | (713) 981-7695 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMUEL PREVOST | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/11/1994 | Owner Information |
| License # | 003259 | | | | | UNLIMITED HOME CARE INC |
| Lic Expire | 10/31/2019 | | | | | 8633 W AIRPORT BLVD #106 |
| Medicare 1: | 458331 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 988-2261 | Fax | (713) 988-4117 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSALIND PRATT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/07/2011 | <u>Owner Information</u> |
| License # | 014455 | | | | | UPCARE HOME HEALTH LLC |
| Lic Expire | 11/30/2019 | | | | | 9896 BISSONNET STREET, SUITE#125 |
| Medicare 1: | 747853 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (281) 302-6519 | Fax | (281) 240-6335 | | | Services: |
| Type: | Parent Agency | Administrator | LOLITA P USERO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/01/2004 | <u>Owner Information</u> |
| License # | 009285 | | | | | UPHILL HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | P.O. BOX 888 |
| Medicare 1: | 457853 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (832) 598-2989 | Fax | (713) 780-4146 | | | Services: |
| Type: | Parent Agency | Administrator | TAIWO DIPEOLU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/04/2008 | <u>Owner Information</u> |
| License # | 011955 | | | | | ADVANCED HR SOLUTIONS LTD |
| Lic Expire | 04/30/2018 | | | | | 5353 WEST ALABAMA SUITE 420 |
| Medicare 1: | | | | | | HOUSTON, TX 77056 |
| Medicare 2: | | | | | | |
| Phone | (713) 622-9877 | Fax | (713) 622-1241 | | | Services: |
| Type: | Parent Agency | Administrator | MARY KATHERINE KILLIAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/28/2011 | <u>Owner Information</u> |
| License # | 014191 | | | | | US RENAL CARE HOME THERAPIES, LLC |
| Lic Expire | 06/30/2019 | | | | | P. O. BOX 251549 |
| Medicare 1: | | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (713) 668-2744 | Fax | (713) 595-5959 | | | Services: |
| Type: | Parent Agency | Administrator | TARA KENNEDY | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 03/28/2007 | <u>Owner Information</u> |
| License # | 011198 | | | | | V & D HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 11247 RIVER RIDGE PARK LANE |
| Medicare 1: | 747164 | | | | | HOUSTON, TX 77089 |
| Medicare 2: | | | | | | |
| Phone | (281) 997-9363 | Fax | (281) 412-5041 | | | Services: |
| Type: | Parent Agency | Administrator | VIRGINIA OGUAMANAM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/14/2015 | <u>Owner Information</u> |
| License # | 006515 | | | | | RICARDO R ELIZARDE & LUZ R ELIZARDE |
| Lic Expire | 05/31/2018 | | | | | 609 WEST VAN BUREN |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (832) 606-8852 | Fax | (956) 440-9612 | | | Services: |
| Type: | Branch Agency | Administrator | LUZ R ELIZARDE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/06/2007 | <u>Owner Information</u> |
| License # | 011238 | | | | | VICTORIA METU |
| Lic Expire | 04/30/2017 | | | | | 7631 QUAIL MEADOW DR |
| Medicare 1: | 747265 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (832) 640-2842 | Fax | (713) 728-5034 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORIA METU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/26/2003 | <u>Owner Information</u> |
| License # | 008782 | | | | | VEMAX HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 10715 VALLEYHILLS DRIVE |
| Medicare 1: | 453120 | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (713) 751-0016 | Fax | (713) 751-0300 | | | Services: |
| Type: | Parent Agency | Administrator | SABINA UZOWULU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 02/22/2006 | <u>Owner Information</u> |
| License # | 010308 | | | | | VENTEX HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | 7111 HARWIN DRIVE, SUITE 215 |
| Medicare 1: | 679748 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 272-7273 | Fax | (713) 272-7276 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPHINE ONUOHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/11/2010 | <u>Owner Information</u> |
| License # | 013305 | | | | | VESSEL HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 9950 WESTPARK DRIVE #334 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (832) 207-3101 | Fax | (832) 538-0971 | | | Services: |
| Type: | Parent Agency | Administrator | THEOPHILUS FOLA AKINYELE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/26/2008 | <u>Owner Information</u> |
| License # | 011941 | | | | | VESTA HOME CARE INC |
| Lic Expire | 03/31/2020 | | | | | 7910 MOLINE STREET, SUITE #110 |
| Medicare 1: | 459274 | | | | | HOUSTON, TX 77087 |
| Medicare 2: | | | | | | |
| Phone | (281) 661-5900 | Fax | (281) 661-6000 | | | Services: |
| Type: | Parent Agency | Administrator | BENITA TURK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/18/2013 | <u>Owner Information</u> |
| License # | 015936 | | | | | VICTORY CARE LLC |
| Lic Expire | 12/31/2017 | | | | | 14206 BEECH GLEN DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 323-9805 | Fax | (800) 501-1937 | | | Services: |
| Type: | Parent Agency | Administrator | JOY OBASI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/11/2011 | <u>Owner Information</u> |
| License # | 013950 | | | | | MAIDEN HEALTH SERVICES INC |
| Lic Expire | 03/31/2017 | | | | | 9950 WESTPARK DRIVE, SUITE #614 |
| Medicare 1: | 747867 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (281) 888-4253 | Fax | (713) 339-4456 | | | Services: |
| Type: | Parent Agency | Administrator | CHIOMA ANAELE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/14/2003 | <u>Owner Information</u> |
| License # | 008594 | | | | | CHUKWUNYERE ANAELE |
| Lic Expire | 08/31/2019 | | | | | 9950 WESTPARK DR STE 614 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (713) 339-4424 | Fax | (713) 339-4456 | | | Services: |
| Type: | Parent Agency | Administrator | CHUKWUNYERE ANAELE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/29/2005 | <u>Owner Information</u> |
| License # | 010158 | | | | | VICTORY PERSONAL CARE INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 924615 |
| Medicare 1: | | | | | | HOUSTON, TX 77292 |
| Medicare 2: | | | | | | |
| Phone | (713) 884-1985 | Fax | (713) 694-1452 | | | Services: |
| Type: | Parent Agency | Administrator | ARDIA L SPURLING | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/24/2017 | <u>Owner Information</u> |
| License # | 018396 | | | | | VIGILANT IN HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 10802 LEGACY PARK DR #10207 |
| Medicare 1: | | | | | | HOUSTON, TX 77064 |
| Medicare 2: | | | | | | |
| Phone | (832) 301-9416 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA TREVINO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/27/2010 | <u>Owner Information</u> |
| License # | 013495 | | | | | VIGOR HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 9207 COUNTRY CREEK DRIVE SUITE 201A |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 715-5899 | Fax | (713) 778-0573 | | | Services: |
| Type: | Parent Agency | Administrator | GLORY U NOSIKE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/16/2017 | <u>Owner Information</u> |
| License # | 018382 | | | | | VILLA LUZ HOMECARE SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 3737 MANGUM ROAD |
| Medicare 1: | | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | |
| Phone | (832) 941-2516 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | LUZ ELIZARDE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/13/2010 | <u>Owner Information</u> |
| License # | 013456 | | | | | VINA HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 8623 CAMBERBROOK DRIVE |
| Medicare 1: | 747801 | | | | | HOUSTON, TX 77089 |
| Medicare 2: | | | | | | |
| Phone | (281) 818-9217 | Fax | (281) 412-5252 | | | Services: |
| Type: | Parent Agency | Administrator | IFEOMA NKECHI ONOZIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/15/2015 | <u>Owner Information</u> |
| License # | 016913 | | | | | RUNNING ANGELS INC |
| Lic Expire | 07/31/2019 | | | | | 20126 HARDWIDGE COURT |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (832) 509-4024 | Fax | (832) 509-4002 | | | Services: |
| Type: | Parent Agency | Administrator | PETER LOMBARDI | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/24/2017 | <u>Owner Information</u> |
| License # | 018077 | | | | | I FLORISH LLC |
| Lic Expire | 05/31/2019 | | | | | 2318 BRAT PASS DR |
| Medicare 1: | | | | | | SPRING, TX 77373 |
| Medicare 2: | | | | | | |
| Phone | (832) 705-8911 | Fax | (832) 705-8925 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE SONGS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/17/2009 | <u>Owner Information</u> |
| License # | 013037 | | | | | II&D INC |
| Lic Expire | 12/31/2019 | | | | | 2825 WILCREST DR STE 315 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (713) 952-4884 | Fax | (713) 952-4883 | | | Services: |
| Type: | Parent Agency | Administrator | LOLO I BRIGGS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2015 | <u>Owner Information</u> |
| License # | 017295 | | | | | VISTA HOME HEALTHCARE LLC |
| Lic Expire | 11/30/2019 | | | | | 10333 HARWIN DRIVE SUITE 375D |
| Medicare 1: | 747279 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 986-1390 | Fax | (713) 986-1399 | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL ARIOGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/31/1997 | <u>Owner Information</u> |
| License # | 006505 | | | | | VITAL AMBULATORY HEALTHCARE INC |
| Lic Expire | 12/31/2019 | | | | | 6666 HARWIN DRIVE SUITE 350 |
| Medicare 1: | 459006 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-6995 | Fax | (713) 270-0334 | | | Services: |
| Type: | Parent Agency | Administrator | VICTORIA NWABEKE | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|--------------------------------------|--|
| County | HARRIS | Region | 06 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | VITALUS HOME | |
| Lic Expire | | | | | 2727 ALLEN PKWY STE 1915 | |
| Medicare 1: | | | | | HOUSTON, TX 77019 | |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 968-2300 | Fax | (281) 968-2301 | | | |
| Type: | Parent Agency | Administrator | BRIAN MILLER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/1998 | <u>Owner Information</u> |
| License # | 006974 | | | | VITAS HEALTHCARE OF TEXAS L P | VITAS HEALTHCARE OF TEXAS L P |
| Lic Expire | 11/30/2018 | | | | 3131 EASTSIDE STREET SUITE 200 | 201 S. BISCAYNE BLVD SUITE 400 |
| Medicare 1: | 451536 | | | | HOUSTON, TX 77098 | MIAMI, FL 33131 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 663-4900 | Fax | (713) 663-4973 | | | Hospice |
| Type: | Parent Agency | Administrator | WILLIAM WELLER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/30/2003 | <u>Owner Information</u> |
| License # | 006974 | | | | VITAS HEALTHCARE OF TEXAS L P | VITAS HEALTHCARE OF TEXAS L P |
| Lic Expire | 11/30/2018 | | | | 17320 RED OAK SUITE 102 | 201 S. BISCAYNE BLVD SUITE 400 |
| Medicare 1: | 451536 | | | | HOUSTON, TX 77090 | MIAMI, FL 33131 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 895-6351 | Fax | (281) 580-1347 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | WILLIAM WELLER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/28/2011 | <u>Owner Information</u> |
| License # | 014446 | | | | VIVICARE HEALTH PARTNERS HOUSTON INC | VIVICARE HEALTH PARTNERS HOUSTON, INC. |
| Lic Expire | 10/31/2019 | | | | 2855 WESTMINSTER PLAZA DR | 448 W. 19TH STREET BOX 548 |
| Medicare 1: | 747856 | | | | HOUSTON, TX 77082 | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 337-4444 | Fax | (713) 337-4449 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LUCKY@PBHSOLUTIONS.COM | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/05/2012 | <u>Owner Information</u> |
| License # | 014679 | | | | VOLGA HOME CARE, LLC | VOLGA HOME CARE LLC |
| Lic Expire | 03/31/2018 | | | | 10101 FONDREN ROAD SUITE 451 | 17754 PRESTON RD. SUITE #200 |
| Medicare 1: | | | | | HOUSTON, TX 77096 | DALLAS, TX 75252 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 293-2080 | Fax | (888) 817-4126 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NADEZHDA KOSHKINA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/1999 | <u>Owner Information</u> |
| License # | 004131 | | | | VOLUNTEERS OF AMERICA TEXAS INC | VOLUNTEERS OF AMERICA TEXAS INC |
| Lic Expire | 11/30/2019 | | | | 4808 YALE STREET | 1424 HEMPHILL STREET |
| Medicare 1: | | | | | HOUSTON, TX 77018 | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 460-0781 | Fax | (713) 460-0988 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ERICA SMITH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/29/2015 | <u>Owner Information</u> |
| License # | 017387 | | | | VYDELL HEALTHCARE SERVICES INC | VYDELL HEALTHCARE SERVICES INC. |
| Lic Expire | 12/31/2017 | | | | 8700 COMMERCE PARK DR. STE. #223 | 8700 COMMERCE PARK DR SUITE #223 |
| Medicare 1: | | | | | HOUSTON, TX 77036 | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (346) 204-4821 | Fax | (346) 204-4826 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLAKUNLE OMIYALE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/21/2016 | <u>Owner Information</u> |
| License # | 017809 | | | | WELCOME HOME DIALYSIS LLC | WELCOME HOME DIALYSIS LLC |
| Lic Expire | 12/31/2018 | | | | 8181 STADIUM DRIVE SUITE 201 | 1616 E GRIFFIN PARKWAY # 202 |
| Medicare 1: | | | | | HOUSTON, TX 77054 | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 248-6808 | Fax | (956) 627-5655 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | HUGO H GUTIERREZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/12/2017 | Owner Information |
| License # | 018500 | | | | | WENTWOOD IN-HOME CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 10911 DOVE PARK CT. |
| Medicare 1: | | | | | | HOUSTON, TX 77075 |
| Medicare 2: | | | | | | |
| Phone | (281) 827-5127 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MELINDA MORENO | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/30/2005 | Owner Information |
| License # | 010219 | | | | | WESLEY HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2017 | | | | | 10333 HARWIN DR SUITE 373 |
| Medicare 1: | 679528 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 772-9900 | Fax | (713) 772-9695 | | | Services: |
| Type: | Parent Agency | Administrator | NGOZI NWASURUBA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/19/2005 | Owner Information |
| License # | 010643 | | | | | WEST WYNDE HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 4707 KNIGHTS BRANCH DRIVE |
| Medicare 1: | 679210 | | | | | SUGAR LAND, TX 77479 |
| Medicare 2: | | | | | | |
| Phone | (713) 972-1902 | Fax | (713) 972-0272 | | | Services: |
| Type: | Parent Agency | Administrator | GLADYS IBIK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/13/1995 | Owner Information |
| License # | 004096 | | | | | WILCARE INC |
| Lic Expire | 11/30/2018 | | | | | 11200 WESTHEIMER RD SUITE #300A |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (281) 679-6997 | Fax | (281) 679-6928 | | | Services: |
| Type: | Parent Agency | Administrator | TED DIEP NGUYEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/16/2014 | Owner Information |
| License # | 015985 | | | | | WINTER HOME HEALTHCARE, LP |
| Lic Expire | 01/31/2020 | | | | | 9900 WESTPARK DRIVE, SUITE #100 |
| Medicare 1: | | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | |
| Phone | (832) 659-0763 | Fax | (832) 659-0943 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTIN A MORRIS | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/20/2015 | Owner Information |
| License # | 017436 | | | | | WONDER HOME CARE INC. |
| Lic Expire | 11/30/2017 | | | | | 7211 REGENCY SQUARE BLVD STE 106 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 784-2126 | Fax | (713) 784-2127 | | | Services: |
| Type: | Parent Agency | Administrator | N/A | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/30/2016 | Owner Information |
| License # | 017415 | | | | | WORLD HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 13111 WESTHEIMER ROAD SUITE 120 |
| Medicare 1: | 457847 | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (713) 541-0651 | Fax | (713) 541-0652 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL ANWAEGBU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2017 | Owner Information |
| License # | 017905 | | | | | X-CEL COMMUNITY SERVICES, LLC |
| Lic Expire | 02/28/2019 | | | | | 11423 WEATHERING OAKS DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77066 |
| Medicare 2: | | | | | | |
| Phone | (832) 746-7224 | Fax | (281) 586-7884 | | | Services: |
| Type: | Parent Agency | Administrator | PAULA B MILLER | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/22/2016 | <u>Owner Information</u> |
| License # | 017588 | | | | | XEN HOME CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 18314 TANGLE TREE LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (346) 200-7619 | Fax | (844) 832-6351 | | | Services: |
| Type: | Parent Agency | Administrator | LETICIA PORRAS | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/16/2008 | <u>Owner Information</u> |
| License # | 012316 | | | | | XTRA-CARE HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 9894 BISSONNET SUITE 575 |
| Medicare 1: | 679728 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 270-1160 | Fax | (713) 270-1190 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY UWAEZUOKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/19/2016 | <u>Owner Information</u> |
| License # | 017685 | | | | | YA'S PARTNERS CORPORATION |
| Lic Expire | 10/31/2018 | | | | | PO BOX 842158 |
| Medicare 1: | | | | | | HOUSTON, TX 77084 |
| Medicare 2: | | | | | | |
| Phone | (281) 815-7461 | Fax | (281) 815-7650 | | | Services: |
| Type: | Parent Agency | Administrator | YAMIR SAMMARTIN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/03/2017 | <u>Owner Information</u> |
| License # | 018421 | | | | | YOLAH CAREGIVING SOLUTIONS LLC |
| Lic Expire | 11/30/2019 | | | | | 10924 GRANT ROAD 214 |
| Medicare 1: | | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | |
| Phone | (281) 733-6256 | Fax | (000) 000-0000 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA DRAKE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/25/2013 | <u>Owner Information</u> |
| License # | 015500 | | | | | ZENITH HOMEHEALTH, LLC. |
| Lic Expire | 04/30/2017 | | | | | 11806 ELKINGTON COURT |
| Medicare 1: | | | | | | HOUSTON, TX 77071 |
| Medicare 2: | | | | | | |
| Phone | (832) 866-5726 | Fax | (713) 995-0942 | | | Services: |
| Type: | Parent Agency | Administrator | KETURA JAMES | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/29/2017 | <u>Owner Information</u> |
| License # | 018536 | | | | | ZILBER LLC |
| Lic Expire | 12/31/2019 | | | | | 507 NORTH SAM HOUSTON PKWY, STE 600T |
| Medicare 1: | | | | | | HOUSTON, TX 77060 |
| Medicare 2: | | | | | | |
| Phone | (832) 445-4980 | Fax | (713) 589-3650 | | | Services: |
| Type: | Parent Agency | Administrator | YADIRA CERVANTES SANCHEZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/05/2001 | <u>Owner Information</u> |
| License # | 007719 | | | | | ZION HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 9894 BISSONNET SUITE #805 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 484-8870 | Fax | (713) 484-8871 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY ORJI | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/01/2007 | <u>Owner Information</u> |
| License # | 011297 | | | | | ZOEY HEALTH SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 9896 BISSONNET ST #365 |
| Medicare 1: | 747053 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (346) 204-5150 | Fax | (346) 204-5153 | | | Services: |
| Type: | Parent Agency | Administrator | CHINWE IKE-BELONWU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/22/2009 | Owner Information |
| License # | 013046 | | | | | LAKE HOUSTON HOME HEALTH SERVICES PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1446 |
| Medicare 1: | 747437 | | | | | HUFFMAN, TX 77336 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 324-4663 | Fax | (281) 324-2795 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BRANDI NICKELL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/25/2005 | Owner Information |
| License # | 009545 | | | | | ALT HOME HEALTHCARE INC |
| Lic Expire | 01/31/2018 | | | | | 320 MAIN ST. STE A |
| Medicare 1: | 679583 | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 446-4462 | Fax | (281) 446-2464 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ELBERT GRAY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/18/2008 | Owner Information |
| License # | 011932 | | | | | TLR ENTERPRISES LLC |
| Lic Expire | 03/31/2019 | | | | | 55 PLUM GROVE RD |
| Medicare 1: | | | | | | NEW CANEY, TX 77357 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 540-7400 | Fax | (281) 446-5445 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERRI L ROBBINS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/04/2010 | Owner Information |
| License # | 013059 | | | | | THE SOWER FOUNDATION |
| Lic Expire | 01/31/2018 | | | | | 4802 LAZY TIMBERS DR |
| Medicare 1: | | | | | | HUMBLE, TX 77346 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 973-9273 | Fax | (866) 447-8979 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERYL KYLE CHRISTIAN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/05/2013 | Owner Information |
| License # | 015585 | | | | | DEVINITY HOME HEALTH CARE PLLC |
| Lic Expire | 06/30/2019 | | | | | 9102 ASPEN TRACE LN |
| Medicare 1: | 741532 | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 570-4072 | Fax | (281) 570-6234 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | OLUBANWO 'GINA' ADEDIWURA OMIS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/28/2017 | Owner Information |
| License # | 018283 | | | | | DOVE HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 21110 ALLENHAM LN |
| Medicare 1: | | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 706-6428 | Fax | | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | EDDIE TAYLOR | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/28/2016 | Owner Information |
| License # | 017820 | | | | | EARNEST ASSISTANCE, LLC |
| Lic Expire | 12/31/2018 | | | | | 20919 BIRNAMWOOD BLVD APT 627 |
| Medicare 1: | | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 613-7417 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER ESTRADA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/05/2012 | Owner Information |
| License # | 015257 | | | | | HARBOR HOSPICE OF EAST HOUSTON LP |
| Lic Expire | 12/31/2018 | | | | | 3406 COLLEGE STREET, SUITE #200 |
| Medicare 1: | 741526 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 441-5500 | Fax | (936) 756-5591 | | | Hospice |
| Type: | Parent Agency | Administrator | REBECCA KERR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 11/15/2017 | <u>Owner Information</u> |
| License # | 018450 | | | | | INFINITY ELITE HOMECARE SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 9518 GENTRY SHADOWS LN |
| Medicare 1: | | | | | | HUMBLE, TX 77396 |
| Medicare 2: | | | | | | |
| Phone | (832) 428-9062 | Fax | (877) 834-4148 | | | Services: |
| Type: | Parent Agency | Administrator | SHARA FONTAINE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/22/1982 | <u>Owner Information</u> |
| License # | 003072 | | | | | GENTIVA CERTIFIED HEALTHCARE CORP |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 457264 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (281) 446-5366 | Fax | (281) 446-4361 | | | Services: |
| Type: | Parent Agency | Administrator | TONI BROOKS-GROWE | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/13/2017 | <u>Owner Information</u> |
| License # | 017856 | | | | | MAJESTIC PERSONAL CARE SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 7610 FM 1960 E #111 |
| Medicare 1: | | | | | | HUMBLE, TX 77346 |
| Medicare 2: | | | | | | |
| Phone | (832) 288-2531 | Fax | (866) 668-2130 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTOPHER GOODWIN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/23/2013 | <u>Owner Information</u> |
| License # | 015337 | | | | | NEW BEGINNINGS HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 3734 CYRIL DR |
| Medicare 1: | | | | | | HUMBLE, TX 77396 |
| Medicare 2: | | | | | | |
| Phone | (281) 459-1281 | Fax | (281) 459-1282 | | | Services: |
| Type: | Parent Agency | Administrator | PATERINA WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/08/1996 | <u>Owner Information</u> |
| License # | 004801 | | | | | OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC |
| Lic Expire | 03/31/2018 | | | | | 3200 WINDY HILL ROAD, SUITE B-100 |
| Medicare 1: | | | | | | ATLANTA, GA 30339 |
| Medicare 2: | | | | | | |
| Phone | (800) 420-2601 | Fax | (713) 228-3727 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA WHELAN | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/07/2016 | <u>Owner Information</u> |
| License # | 017771 | | | | | THE HOME CARE FAMILY |
| Lic Expire | 12/31/2018 | | | | | THE HOME CARE FAMILY LLC |
| Medicare 1: | | | | | | PO BOX 15594 |
| Medicare 2: | | | | | | HUMBLE, TX 77347 |
| Phone | (281) 888-0385 | Fax | (888) 888-0328 | | | Services: |
| Type: | Parent Agency | Administrator | ERIC GOMEZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/30/2006 | <u>Owner Information</u> |
| License # | 010727 | | | | | VICTORIAS HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 6074 BONESS RD |
| Medicare 1: | | | | | | HUMBLE, TX 77396 |
| Medicare 2: | | | | | | |
| Phone | (281) 570-6719 | Fax | (281) 913-5807 | | | Services: |
| Type: | Parent Agency | Administrator | PABLA HERNANDEZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/04/2014 | <u>Owner Information</u> |
| License # | 016180 | | | | | CJ HOMECARE, INC. |
| Lic Expire | 01/31/2020 | | | | | 510 2ND ST |
| Medicare 1: | | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | |
| Phone | (281) 812-1530 | Fax | (281) 446-3959 | | | Services: |
| Type: | Parent Agency | Administrator | JEFF WOLFE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 12/04/2013 | Owner Information |
| License # | 016006 | | | | | STAT HOME HEALTH HOUSTON LLC |
| Lic Expire | 12/31/2017 | | | | | 10615 JEFFERSON HWY |
| Medicare 1: | 45Q8398001 | | | | | BATON ROUGE, LA 70809 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 332-6492 | Fax | (281) 554-8236 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | VICKI SUTTON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/26/2009 | Owner Information |
| License # | 012471 | | | | | A HUG AWAY INC |
| Lic Expire | 02/28/2019 | | | | | 1203 AVENUE D, SUITE A |
| Medicare 1: | 747390 | | | | | KATY, TX 77493 |
| Medicare 2: | 671653 | | | | | Services: |
| Phone | (832) 437-1983 | Fax | (281) 605-1307 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MARISA FRAZIER | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/25/1997 | Owner Information |
| License # | 005963 | | | | | ALIMOT ABOSEDE FALOLA |
| Lic Expire | 08/31/2016 | | | | | PO BOX 720324 |
| Medicare 1: | | | | | | HOUSTON, TX 77272 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 347-7055 | Fax | (281) 347-3755 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALIMOT FALOLA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/11/2017 | Owner Information |
| License # | 018155 | | | | | A LIFE SAVER HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 19622 BUCKLAND PARK DR |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 387-1068 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLADELE THOMAS-OLASUPO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/29/2001 | Owner Information |
| License # | 007630 | | | | | ACTIVE CARE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 2600 SOUTH GESSNER ROAD, SUITE 120 |
| Medicare 1: | 679083 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 242-0900 | Fax | (832) 242-0909 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ZAHRA LILLIE TAAT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/22/2016 | Owner Information |
| License # | 017589 | | | | | ADVANCE HELP HOME CARE LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 5491 |
| Medicare 1: | | | | | | KATY, TX 77491 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 769-1231 | Fax | (281) 769-1232 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERYL M BIRCH | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/06/2016 | Owner Information |
| License # | 017385 | | | | | ALL CARE AT HOME PROVIDERS LLC |
| Lic Expire | 05/31/2018 | | | | | 10039 BISSONNETT STREET #208 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 696-2102 | Fax | (281) 665-7648 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | AGNES JEAN BERRY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/30/1999 | Owner Information |
| License # | 007082 | | | | | ALLEN HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | 23006 ADWICK CT |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 395-5186 | Fax | (281) 395-5496 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IDA J THOMPSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/11/2009 | <u>Owner Information</u> |
| License # | 012501 | | | | | AG HOSPICE, LLC |
| Lic Expire | 03/31/2019 | | | | | 5502 4TH STREET |
| Medicare 1: | 671635 | | | | | KATY, TX 77493 |
| Medicare 2: | | | | | | |
| Phone | (832) 437-2089 | Fax | (832) 437-2090 | | | Services: |
| Type: | Parent Agency | Administrator | LEANN HUBERT | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/05/2017 | <u>Owner Information</u> |
| License # | 018360 | | | | | ANTODALACARE LLC |
| Lic Expire | 10/31/2019 | | | | | 4614 FIELD MEADOW CT |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (917) 224-6215 | Fax | (832) 917-0929 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONY OSAWE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2018 | <u>Owner Information</u> |
| License # | 018597 | | | | | BE RIGHT THERE HOME HEALTHCARE LLC |
| Lic Expire | 02/29/2020 | | | | | 22106 SHORTFIN MAKO COURT |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (417) 380-8500 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | CHANG WANG | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/05/2007 | <u>Owner Information</u> |
| License # | 011120 | | | | | BENEVOLENT CARE HEALTH SERVICES, INC. |
| Lic Expire | 03/31/2019 | | | | | 440 COBIA DRIVE, SUITE #403 |
| Medicare 1: | 679773 | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (281) 342-2273 | Fax | (281) 715-4248 | | | Services: |
| Type: | Parent Agency | Administrator | SUELLEN A CARSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/16/2017 | <u>Owner Information</u> |
| License # | 018167 | | | | | BLUE STAR HOSPICE, INC |
| Lic Expire | 03/31/2019 | | | | | 423 MASON PARK STE A-1 |
| Medicare 1: | 741560 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (832) 727-9119 | Fax | (832) 204-8414 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT DANIEL ROSSI | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 07/18/2011 | <u>Owner Information</u> |
| License # | 014221 | | | | | CARING AND HOPING LLC |
| Lic Expire | 07/31/2019 | | | | | 22503 KATY FREEWAY SUITE 27 |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 978-2600 | Fax | (888) 629-7672 | | | Services: |
| Type: | Parent Agency | Administrator | CAROL LALONDE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/03/2004 | <u>Owner Information</u> |
| License # | 009130 | | | | | D LIFE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 1820 SOUTH MASON ROAD, SUITE #340 |
| Medicare 1: | 457897 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 693-0505 | Fax | (281) 693-0509 | | | Services: |
| Type: | Parent Agency | Administrator | DICKSON FATUNBI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/20/2016 | <u>Owner Information</u> |
| License # | 017229 | | | | | DISTINCT CARE HEALTH SERVICES, LLC |
| Lic Expire | 01/31/2018 | | | | | 1205 N MEYER SUITE #5 |
| Medicare 1: | | | | | | SEALY, TX 77474 |
| Medicare 2: | | | | | | |
| Phone | (713) 518-4747 | Fax | (979) 885-7413 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA ADDO | | | Licensed Home Health Services, Personal Assistance Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/21/2014 | <u>Owner Information</u> |
| License # | 016391 | | | | | EAGLE HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 19902 WINDING BRANCH DR |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (281) 686-0849 | Fax | (281) 401-9945 | | | Services: |
| Type: | Parent Agency | Administrator | LESLIE SHEFFIELD | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/31/2012 | <u>Owner Information</u> |
| License # | 015068 | | | | | EPRIMETEC INC |
| Lic Expire | 08/31/2018 | | | | | 21322 SPRINGBEND LN |
| Medicare 1: | 679793 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 599-8406 | Fax | (281) 377-8485 | | | Services: |
| Type: | Parent Agency | Administrator | ANA MARIA D. SANTOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/30/2018 | <u>Owner Information</u> |
| License # | 018584 | | | | | FAMILIAR CARE SENIOR CARE, LLC |
| Lic Expire | 01/31/2020 | | | | | 21603 CREST PEAK WAY |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (281) 300-8723 | Fax | (281) 396-4544 | | | Services: |
| Type: | Parent Agency | Administrator | TANGI THIBODEAUX | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2010 | <u>Owner Information</u> |
| License # | 013231 | | | | | FT BEND HOME HEALTH CARE INC |
| Lic Expire | 01/31/2018 | | | | | 22503 KATY FREEWAY SUITE 65 |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 206-7912 | Fax | (281) 206-7914 | | | Services: |
| Type: | Parent Agency | Administrator | KEHINDE ALLI | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/06/2012 | <u>Owner Information</u> |
| License # | 014842 | | | | | FUJIK HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 28215 N FIRETHORNE ROAD |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (281) 903-0655 | Fax | (832) 324-7836 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY OGUNDIRAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/09/2015 | <u>Owner Information</u> |
| License # | 017071 | | | | | FUSION ONE INC. |
| Lic Expire | 10/31/2019 | | | | | 7322 STARRY NIGHT |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (713) 670-6163 | Fax | (281) 712-5139 | | | Services: |
| Type: | Parent Agency | Administrator | FADEKE AMAO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/19/2016 | <u>Owner Information</u> |
| License # | 017534 | | | | | GENTLE HOMEKARE LLC |
| Lic Expire | 07/31/2018 | | | | | 26323 ALPINE ROSE LANE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (832) 994-2879 | Fax | (832) 327-7515 | | | Services: |
| Type: | Parent Agency | Administrator | MARCO CORONEL | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/07/2017 | <u>Owner Information</u> |
| License # | 017906 | | | | | HAPPY CIRCLE HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | 440 COBIA DR STE 1502 |
| Medicare 1: | | | | | | KATY, TX 77496 |
| Medicare 2: | | | | | | |
| Phone | (832) 913-6467 | Fax | (832) 532-9816 | | | Services: |
| Type: | Parent Agency | Administrator | MINAZ PIRANI | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/22/2013 | <u>Owner Information</u> |
| License # | 015330 | | | | | DIVINE HEALERS INC |
| Lic Expire | 01/31/2019 | | | | | 24919 GINGER RANCH DR |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 398-1115 | Fax | (281) 398-1116 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AFOLAKE AYODELE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/02/2016 | <u>Owner Information</u> |
| License # | 017431 | | | | | HEALTHCARE RESOURCES OF TEXAS, LLC |
| Lic Expire | 06/30/2018 | | | | | 4034 WHEAT HARVEST LANE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 437-7882 | Fax | (832) 913-6470 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | UJU OBILO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/18/2016 | <u>Owner Information</u> |
| License # | 017946 | | | | | SLG HEARTS AT HOME LLC |
| Lic Expire | 11/30/2018 | | | | | 10503 JUSTIN RIDGE RD |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 515-8567 | Fax | (888) 807-7092 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STACEY WELFEL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/16/2012 | <u>Owner Information</u> |
| License # | 015016 | | | | | HENFEMAT, INC. |
| Lic Expire | 08/31/2018 | | | | | 2518 WINSFORD HORIZON LANE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 491-8842 | Fax | (281) 980-0485 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HENRIETTA NWAKAEGO-JOLAOSO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/11/2014 | <u>Owner Information</u> |
| License # | 016179 | | | | | HOLINESS HOME HEALTHCARE CORP |
| Lic Expire | 01/31/2020 | | | | | 24131 SEVENTH HEAVEN DR |
| Medicare 1: | 747137 | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 589-6416 | Fax | (713) 429-0463 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PETER NGUYEN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/12/2016 | <u>Owner Information</u> |
| License # | 017513 | | | | | HOPKINS DEVELOPMENT GROUP LLC |
| Lic Expire | 07/31/2018 | | | | | 1706 KENT FALLS CT |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 437-2228 | Fax | (832) 437-2228 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADAM HOPKINS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/27/2014 | <u>Owner Information</u> |
| License # | 016231 | | | | | JODACA HOMEBRIDGE CARE, LLC. |
| Lic Expire | 05/31/2018 | | | | | 2134 PROVINCIAL BLVD., |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 785-5501 | Fax | (832) 448-9328 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CAROL GHEIDA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2014 | <u>Owner Information</u> |
| License # | 016359 | | | | | LYNN HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | 24618 KINGSLAND BLVD |
| Medicare 1: | 451709 | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 646-9900 | Fax | (281) 646-9910 | | | Hospice |
| Type: | Parent Agency | Administrator | JACKLYN USSERY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/21/2011 | Owner Information HUCKEYE HEALTH SERVICES, LLC 5910 DILLON CREEK LANE KATY, TX 77494 |
| License # | 013971 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | 747744 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 712-2051 | Fax | (713) 900-7752 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PACIENCIA OJIAKO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/16/2013 | Owner Information JC HOME HEALTH CARE INC 14333 MEMORIAL DR #45 HOUSTON, TX 77079 |
| License # | 015924 | | | | | |
| Lic Expire | 12/31/2017 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 829-7211 | Fax | (281) 717-4050 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | GRISelda CASTILLO | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/09/2017 | Owner Information KATY HEALTHCARE SERVICES LLC 20902 TORRENCE FALLS CT KATY, TX 77449 |
| License # | 018045 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (713) 401-8309 | Fax | (713) 401-8309 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | TARIRO MAKWANGUDZE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/05/2007 | Owner Information LALA COMFORT HEALTHCARE INC 3831 GOLDEN WILLOW CT KATY, TX 77449 |
| License # | 011740 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | 747101 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 398-4991 | Fax | (281) 398-1581 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LALA SARAH OLADOYE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/04/2008 | Owner Information LIFECARE OPTIONS HOME HEALTH SERVICES INC 434 PARK GROVE LANE KATY, TX 77450 |
| License # | 011908 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | 747061 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 646-9546 | Fax | (281) 646-9751 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MILDRED ROSALES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/28/2005 | Owner Information MATSAN INC 21719 CANYON PEAK LANE KATY, TX 77450 |
| License # | 010215 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | 679538 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 392-6333 | Fax | (281) 392-6430 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MATTHEW EHIMWENMA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/22/2007 | Owner Information MEMORIAL HOME HEALTHCARE INCORPORATED 439 MASON PARK BLVD SUITE A1 KATY, TX 77450 |
| License # | 011091 | | | | | |
| Lic Expire | 02/28/2018 | | | | | |
| Medicare 1: | 679698 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 944-9916 | Fax | (832) 930-4223 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABIGAIL GREENE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/20/2010 | Owner Information MIRACLE NURSES HEALTHCARE SERVICES INC 23822 INDIAN HILLS WAY KATY, TX 77494 |
| License # | 013343 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 747556 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 577-7580 | Fax | (281) 601-1531 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARGARET AYUK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 01/18/2017 | <u>Owner Information</u> |
| License # | 017863 | | | | | GABES PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 24803 ROESNER ROAD |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (832) 641-0900 | Fax | (832) 437-6730 | | | Services: |
| Type: | Parent Agency | Administrator | JANICE HOFFMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 06/28/2010 | <u>Owner Information</u> |
| License # | 013424 | | | | | NEXCARE HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 720348 |
| Medicare 1: | 747590 | | | | | HOUSTON, TX 77272 |
| Medicare 2: | | | | | | |
| Phone | (281) 859-2477 | Fax | (281) 859-2458 | | | Services: |
| Type: | Parent Agency | Administrator | CATHERINE MBUASHU TAMBE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/15/2017 | <u>Owner Information</u> |
| License # | 017924 | | | | | NEXXUS CAREGIVERS LLC |
| Lic Expire | 02/28/2019 | | | | | 1606 COLONIAL CREST DRIVE |
| Medicare 1: | | | | | | KATY, TX 77493 |
| Medicare 2: | | | | | | |
| Phone | (832) 994-3037 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | LEBLAKI A. PITANG | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 08/21/2012 | <u>Owner Information</u> |
| License # | 015025 | | | | | OMON HOME HEALTH, INC. |
| Lic Expire | 08/31/2018 | | | | | 2419 FAIRBREEZE DRIVE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (832) 437-7340 | Fax | (832) 437-7341 | | | Services: |
| Type: | Parent Agency | Administrator | OSAM J. OBANOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/04/2003 | <u>Owner Information</u> |
| License # | 008794 | | | | | ONLEX HEALTHCARE INC |
| Lic Expire | 12/31/2018 | | | | | 20501 KATY FREEWAY SUITE #234 |
| Medicare 1: | 673100 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 398-2448 | Fax | (281) 398-2480 | | | Services: |
| Type: | Parent Agency | Administrator | HUMPHREY UZUEGBU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/16/2011 | <u>Owner Information</u> |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 364-9695 | Fax | (281) 456-2479 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLES M WILCOX | | | Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/13/2017 | <u>Owner Information</u> |
| License # | 018158 | | | | | PRISTINE HEALTHCARE SERVICES, INC |
| Lic Expire | 07/31/2019 | | | | | 2823 SHADOW CANYON LANE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (281) 344-2667 | Fax | (281) 564-7326 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL S ADA | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 05/03/2011 | <u>Owner Information</u> |
| License # | 014075 | | | | | RELIANT PEDIATRIC THERAPY SERVICES, PC |
| Lic Expire | 05/31/2019 | | | | | 21630 MERCHANTS WAY |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (832) 230-1518 | Fax | (281) 741-7355 | | | Services: |
| Type: | Parent Agency | Administrator | OLENDU OKORAFOR | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 11/17/2017 | Owner Information |
| License # | 018457 | | | | | RELIEF GARDEN HEALTHCARE SYSTEM LLC |
| Lic Expire | 11/30/2019 | | | | | 24202 COURT LAND OAKS |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (281) 961-9070 | Fax | (832) 917-0929 | | | Services: |
| Type: | Parent Agency | Administrator | UGO A. IWUOFOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/07/2008 | Owner Information |
| License # | 012000 | | | | | SANCTIFIED HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 2719 MARQUETTE TRAIL |
| Medicare 1: | 747713 | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (832) 913-8316 | Fax | (832) 437-2509 | | | Services: |
| Type: | Parent Agency | Administrator | IJEOMA V EHIEZE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/28/2016 | Owner Information |
| License # | 017328 | | | | | SEDS HEALTHCARE INC |
| Lic Expire | 03/31/2018 | | | | | 2011 AUTUMN FERN DRIVE |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (713) 409-2710 | Fax | (281) 676-8166 | | | Services: |
| Type: | Parent Agency | Administrator | NANJI BANDE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/16/2008 | Owner Information |
| License # | 011825 | | | | | SJC HOME HEALTH CARE INC |
| Lic Expire | 01/31/2018 | | | | | 1834 SNAKE RIVER ROAD SUITE A & B |
| Medicare 1: | 747103 | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (281) 492-9000 | Fax | (281) 492-9009 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH JANE BALBON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/18/2017 | Owner Information |
| License # | 018328 | | | | | DL GREEN ENTERPRISES, LLC |
| Lic Expire | 09/30/2019 | | | | | 6031 HWY 6 N STE. 165-245 |
| Medicare 1: | | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (832) 356-0117 | Fax | (832) 201-8355 | | | Services: |
| Type: | Parent Agency | Administrator | DEMITRA GREEN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/10/2014 | Owner Information |
| License # | 016521 | | | | | GENET T TECLU |
| Lic Expire | 11/30/2018 | | | | | 6435 BRIAR MOSS LN |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (832) 404-8708 | Fax | (832) 427-1816 | | | Services: |
| Type: | Parent Agency | Administrator | GENET T TECLU | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/09/2015 | Owner Information |
| License # | 016640 | | | | | T & N HEALTHCARE INCORPORATED |
| Lic Expire | 02/28/2019 | | | | | 6143 PLANTATION FOREST DR |
| Medicare 1: | | | | | | KATY, TX 77449 |
| Medicare 2: | | | | | | |
| Phone | (979) 661-1886 | Fax | (281) 809-3082 | | | Services: |
| Type: | Parent Agency | Administrator | CHINYERE OBI OLUOHA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/15/2008 | Owner Information |
| License # | 011997 | | | | | TEXAS HOME CARE & ASSOCIATES LLC |
| Lic Expire | 04/30/2018 | | | | | 26314 MIDDLECREST HILL COURT |
| Medicare 1: | 679620 | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (832) 437-8887 | Fax | (832) 437-8808 | | | Services: |
| Type: | Parent Agency | Administrator | SUZANNE SCALLY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 07/18/2016 | Owner Information |
| License # | 017532 | | | | | TRUVINE HOME CARE INC. |
| Lic Expire | 07/31/2018 | | | | | 9603 LAVENDER MIST LANE |
| Medicare 1: | | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (281) 971-9630 | Fax | (281) 971-9672 | | | Services: |
| Type: | Parent Agency | Administrator | FUNMILAYO OKUSEINDE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/02/2012 | Owner Information |
| License # | 014626 | | | | | VANTAGE HOSPICE LLC |
| Lic Expire | 02/28/2018 | | | | | 21720 KINGSLAND BLVD SUITE 301 |
| Medicare 1: | 671680 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (281) 579-5660 | Fax | (281) 579-5661 | | | Services: |
| Type: | Parent Agency | Administrator | ANETA NICOLE KNIGHT | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/02/2006 | Owner Information |
| License # | 010505 | | | | | WELLNESS HEALTHCARE INC |
| Lic Expire | 06/30/2018 | | | | | 21306 PROVINCIAL BLVD |
| Medicare 1: | 747216 | | | | | KATY, TX 77450 |
| Medicare 2: | | | | | | |
| Phone | (832) 437-0217 | Fax | (281) 715-5288 | | | Services: |
| Type: | Parent Agency | Administrator | SONIA GARCIA-RESKALLAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2006 | Owner Information |
| License # | 010537 | | | | | WINNERS HEALTHCARE SOLUTIONS INC |
| Lic Expire | 06/30/2018 | | | | | 440 COBIA DRIVE, SUITE 1602 |
| Medicare 1: | 679622 | | | | | KATY, TX 77494 |
| Medicare 2: | | | | | | |
| Phone | (713) 780-9696 | Fax | (713) 780-9690 | | | Services: |
| Type: | Parent Agency | Administrator | OLALERE O. OLALYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/08/2016 | Owner Information |
| License # | 017728 | | | | | ALLIANCE RENAL SOLUTIONS LLC |
| Lic Expire | 11/30/2018 | | | | | 21354 TREBUCHET DR |
| Medicare 1: | | | | | | KINGWOOD, TX 77339 |
| Medicare 2: | | | | | | |
| Phone | (817) 881-1104 | Fax | (214) 614-2325 | | | Services: |
| Type: | Parent Agency | Administrator | OMAR DIZON | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 12/21/2007 | Owner Information |
| License # | 011779 | | | | | BETHEL HOSPICE OF HOUSTON INC |
| Lic Expire | 12/31/2019 | | | | | 14707 WINSTON FALLS LANE |
| Medicare 1: | 671672 | | | | | HUMBLE, TX 77396 |
| Medicare 2: | | | | | | |
| Phone | (281) 359-9551 | Fax | (281) 359-9552 | | | Services: |
| Type: | Parent Agency | Administrator | MINTU JOSEPH | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (281) 359-8800 | Fax | (281) 359-8812 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/01/2004 | Owner Information |
| License # | 008941 | | | | | CAMEO HOME HEALTH CARE LP |
| Lic Expire | 02/28/2018 | | | | | 7026 OLD KATY ROAD SUITE #301 |
| Medicare 1: | | | | | | HOUSTON, TX 77024 |
| Medicare 2: | | | | | | |
| Phone | (281) 893-7272 | Fax | (281) 893-7799 | | | Services: |
| Type: | Branch Agency | Administrator | CHERRY GATTIS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 05/24/2007 | Owner Information |
| License # | 011354 | | | | | CONTINUITY CARE HOME HEALTH AGENCY LLC |
| Lic Expire | 05/31/2019 | | | | | 1510 WALNUT LANE |
| Medicare 1: | 679744 | | | | | KINGWOOD, TX 77339 |
| Medicare 2: | | | | | | |
| Phone | (281) 348-2328 | Fax | (281) 358-2680 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA A DEVRIES DURKIN | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/01/2015 | Owner Information |
| License # | 016944 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 677913 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (281) 570-2927 | Fax | (281) 913-5809 | | | Services: |
| Type: | Parent Agency | Administrator | LISA HILBURN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 09/22/2017 | Owner Information |
| License # | 018338 | | | | | EVACARE HOME HEALTH, INC. |
| Lic Expire | 09/30/2019 | | | | | 10 NEW OAK TRAIL |
| Medicare 1: | | | | | | KINGWOOD, TX 77346 |
| Medicare 2: | | | | | | |
| Phone | (281) 935-9274 | Fax | (281) 449-1500 | | | Services: |
| Type: | Parent Agency | Administrator | OLUSOLA OTULANA | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 05/24/2017 | Owner Information |
| License # | 018070 | | | | | GRANGEL ENTERPRISES, LLC |
| Lic Expire | 05/31/2019 | | | | | 10373 N SAM HOUSTON PKWY E APT # 921 |
| Medicare 1: | | | | | | HUMBLE, TX 77396 |
| Medicare 2: | | | | | | |
| Phone | (281) 747-5333 | Fax | (346) 226-3310 | | | Services: |
| Type: | Parent Agency | Administrator | GERARDO RANGEL | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/26/2003 | Owner Information |
| License # | 008780 | | | | | IHG HEALTHCARE INC |
| Lic Expire | 11/30/2018 | | | | | 2325 TIMBER SHADOWS DR SUITE B |
| Medicare 1: | 451755 | | | | | KINGWOOD, TX 77339 |
| Medicare 2: | | | | | | |
| Phone | (281) 442-8200 | Fax | (281) 442-8201 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE HAUCK | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 12/27/2007 | Owner Information |
| License # | 011929 | | | | | KINGWOOD HOME HEALTH CARE LLC |
| Lic Expire | 12/31/2017 | | | | | 2807 KINGS CROSSING DRIVE STE C 315 |
| Medicare 1: | 457874 | | | | | KINGWOOD, TX 77345 |
| Medicare 2: | | | | | | |
| Phone | (281) 361-0715 | Fax | (281) 361-7560 | | | Services: |
| Type: | Parent Agency | Administrator | MELINDA TAYLOR | | | Licensed and Certified Home Health Services, Personal Assistance Services, Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/08/2015 | Owner Information |
| License # | 016594 | | | | | GREAT GENERATION ASSISTANCE INC |
| Lic Expire | 01/31/2019 | | | | | 4582 E KINGWOOD DR #331 |
| Medicare 1: | | | | | | KINGWOOD, TX 77345 |
| Medicare 2: | | | | | | |
| Phone | (832) 412-1345 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MADELINE LONGNION | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/29/2015 | Owner Information |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (281) 312-2570 | Fax | (844) 810-7028 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 06/14/2007 | Owner Information |
| License # | 004688 | | | | | IPR HEALTHCARE SYSTEM INC |
| Lic Expire | 01/31/2019 | | | | | 8830 INTERCHANGE DRIVE |
| Medicare 1: | 45Q8306002 | | | | | HOUSTON, TX 77054 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 358-5970 | Fax | (281) 358-5157 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PABLITO CALUSCOS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/04/2012 | Owner Information |
| License # | 014865 | | | | | SIRION LLC |
| Lic Expire | 01/31/2018 | | | | | 2300 GREEN OAK DR., SUITE #900-C |
| Medicare 1: | 673157 | | | | | KINGWOOD, TX 77339 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 713-8674 | Fax | (281) 754-4688 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSANA M BARNEOND-KHALILI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/28/2017 | Owner Information |
| License # | 018471 | | | | | REHABCARE GROUP EAST INC. |
| Lic Expire | 11/30/2019 | | | | | 24025 KINGWOOD PLACE DRIVE |
| Medicare 1: | | | | | | KINGWOOD, TX 77339 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 358-0917 | Fax | (615) 221-2289 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KARLA VALURE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/11/2006 | Owner Information |
| License # | 010931 | | | | | ACTS OF GRACE INC |
| Lic Expire | 12/31/2019 | | | | | 3010 WOODLAND VIEW DR |
| Medicare 1: | | | | | | KINGWOOD, TX 77345 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 358-9922 | Fax | (281) 358-4206 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMES R ROYAL | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/10/2018 | Owner Information |
| License # | 018556 | | | | | ALWAYS AT HAND CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 4014 WILBURN RANCH DR |
| Medicare 1: | | | | | | MONT BELVIEU, TX 77523 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 576-4639 | Fax | (281) 583-1825 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LESHONITER BROWN | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/31/2004 | Owner Information |
| License # | 009500 | | | | | VILLA & SERNA INC |
| Lic Expire | 12/31/2018 | | | | | 10301 NORTHWEST FREEWAY SUITE 301 |
| Medicare 1: | 457988 | | | | | HOUSTON, TX 77092 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 475-2300 | Fax | (713) 475-0811 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA SERNA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 10/17/2012 | Owner Information |
| License # | 015139 | | | | | JIREH LIVING ASSISTANCE SERVICE, LLC |
| Lic Expire | 10/31/2018 | | | | | 1722 EVERGREEN LANE |
| Medicare 1: | | | | | | SEABROOK, TX 77586 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 827-2675 | Fax | (713) 583-2003 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MIGDALIA I. OLMOS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 09/09/2003 | Owner Information |
| License # | 008633 | | | | | MED CARE HEALTH OPTIONS INC |
| Lic Expire | 09/30/2019 | | | | | 3315 BURKE RD STE 204 |
| Medicare 1: | 679442 | | | | | PASADENA, TX 77504 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 947-2277 | Fax | (713) 947-2292 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHARLENE CARROLL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 12/12/1996 | <u>Owner Information</u> |
| License # | 005125 | | | | | APPLIED HEALTH INC |
| Lic Expire | 12/31/2019 | | | | | 2208 STRAWBERRY ROAD |
| Medicare 1: | 459233 | | | | | PASADENA, TX 77502 |
| Medicare 2: | | | | | | |
| Phone | (713) 477-5105 | Fax | (713) 477-5155 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTOPHER CHACON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/12/2017 | <u>Owner Information</u> |
| License # | 018156 | | | | | CASA TRINIDAD IN-HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 3315 BURKE ROAD SUITE 240-B |
| Medicare 1: | | | | | | PASADENA, TX 77504 |
| Medicare 2: | | | | | | |
| Phone | (832) 672-6648 | Fax | (832) 672-6312 | | | Services: |
| Type: | Parent Agency | Administrator | DAISY J. ALANIZ | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 01/27/2016 | <u>Owner Information</u> |
| License # | 017241 | | | | | ELITE HEALTH PROVIDERS OF HOUSTON LLC |
| Lic Expire | 01/31/2018 | | | | | 825 FAIRMONT PARKWAY |
| Medicare 1: | | | | | | PASADENA, TX 77504 |
| Medicare 2: | | | | | | |
| Phone | (281) 235-5948 | Fax | (281) 754-4331 | | | Services: |
| Type: | Parent Agency | Administrator | NELIA P. SOLEDAD | | | Licensed Home Health Services with Dialysis |
| County | HARRIS | Region | 06 | Date Licensed | 03/06/2003 | <u>Owner Information</u> |
| License # | 008356 | | | | | EXCELLENCE HEALTH CARE INC |
| Lic Expire | 03/31/2019 | | | | | 1322 SPACE PARK SUITE C 112 |
| Medicare 1: | 679287 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | |
| Phone | (281) 333-2207 | Fax | (281) 333-2292 | | | Services: |
| Type: | Parent Agency | Administrator | BRETT SOUCEK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/01/2007 | <u>Owner Information</u> |
| License # | 011267 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (713) 472-3198 | Fax | (713) 472-2587 | | | Services: |
| Type: | Parent Agency | Administrator | JACLYN D SCHULTZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2008 | <u>Owner Information</u> |
| License # | 012280 | | | | | NEW DIMENSIONS CAREGIVERS LLC |
| Lic Expire | 10/31/2018 | | | | | 4008 VISTA ROAD, SUITE #C-107 |
| Medicare 1: | | | | | | PASADENA, TX 77504 |
| Medicare 2: | | | | | | |
| Phone | (281) 201-5872 | Fax | (346) 204-5059 | | | Services: |
| Type: | Parent Agency | Administrator | RANDALL A LIGHTFOOT | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/30/2014 | <u>Owner Information</u> |
| License # | 016507 | | | | | YOGENDER CAREGIVERS LLC |
| Lic Expire | 10/31/2018 | | | | | 6747 FAIRMONT BOULEVARD |
| Medicare 1: | | | | | | PASADENA, TX 77505 |
| Medicare 2: | | | | | | |
| Phone | (832) 672-7947 | Fax | (832) 672-7965 | | | Services: |
| Type: | Parent Agency | Administrator | DEVENDER K "DAVE" CHAWLA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 03/15/2016 | Owner Information |
| License # | 014939 | | | | | SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC |
| Lic Expire | 07/31/2018 | | | | | 10318 LAKE ROAD BUILDING C SUITE 102 |
| Medicare 1: | | | | | | HOUSTON, TX 77070 |
| Medicare 2: | | | | | | |
| Phone | (281) 998-8797 | Fax | | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BRANDII NILES | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 01/09/1998 | Owner Information |
| License # | 006240 | | | | | PAULS FARM INC |
| Lic Expire | 01/31/2019 | | | | | PO BOX 1064 |
| Medicare 1: | 679333 | | | | | SEABROOK, TX 77586 |
| Medicare 2: | | | | | | |
| Phone | (281) 474-2277 | Fax | (281) 474-2287 | | | Services: |
| Type: | Parent Agency | Administrator | GENEVIEVE T BARTOLOME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 11/30/2017 | Owner Information |
| License # | 018477 | | | | | HEARTFUL SENIOR CARE, LLC |
| Lic Expire | 11/30/2019 | | | | | 537 VILLA DRIVE |
| Medicare 1: | | | | | | SEABROOK, TX 77586 |
| Medicare 2: | | | | | | |
| Phone | (281) 942-3131 | Fax | (281) 215-5243 | | | Services: |
| Type: | Parent Agency | Administrator | JEANNIE BERWANGER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 04/17/2012 | Owner Information |
| License # | 014749 | | | | | ABOVE STANDARD CARE, LLC |
| Lic Expire | 04/30/2018 | | | | | 19719 LAJUANA LANE |
| Medicare 1: | | | | | | SPRING, TX 77388 |
| Medicare 2: | | | | | | |
| Phone | (281) 528-0769 | Fax | (281) 528-0769 | | | Services: |
| Type: | Parent Agency | Administrator | TERENCE JONES-FISHER | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/19/2016 | Owner Information |
| License # | 017278 | | | | | ABCST LLC |
| Lic Expire | 02/29/2020 | | | | | 20038 CASTLEGREEN DR |
| Medicare 1: | | | | | | SPRING, TX 77388 |
| Medicare 2: | | | | | | |
| Phone | (832) 704-0462 | Fax | (832) 916-2711 | | | Services: |
| Type: | Parent Agency | Administrator | STUART SPOONMORE | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 02/06/2017 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (281) 569-2999 | Fax | (281) 569-2998 | | | Services: |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 07/29/2013 | Owner Information |
| License # | 015801 | | | | | CARTER HEALTHCARE OF SOUTHEAST TEXAS, INC. |
| Lic Expire | 07/31/2019 | | | | | 3105 SOUTH MERIDIAN AVENUE |
| Medicare 1: | 679510 | | | | | OKLAHOMA CITY, OK 73119 |
| Medicare 2: | | | | | | |
| Phone | (281) 379-7052 | Fax | (281) 376-4357 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES BRIAN CARTER | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|---|
| County | HARRIS | Region | 06 | Date Licensed | 10/31/2008 | Owner Information COLE SPEECH & LANGUAGE CENTER LP 16835 DEER CREEK DR SUITE 220 A SPRING, TX 77379 |
| License # | 012287 | | | | | |
| Lic Expire | 10/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 379-4373 | Fax | (800) 265-3329 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARTA GENTHON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/01/2015 | Owner Information CRITI CARE HEALTH SERVICES, INC. 8319 HIDDEN TRAIL LN SPRING, TX 77379 |
| License # | 016963 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | 459232 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 469-4778 | Fax | (281) 469-8784 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GNNANASRIBALA MUKKAMALA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/11/2017 | Owner Information ENCOUNTER HOME CARE INCORPORATED 6614 CASTLE TERRACE CT SPRING, TX 77379 |
| License # | 018499 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (410) 530-6628 | Fax | | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SARAH ILESANMI | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/25/1991 | Owner Information HOME CARE PROFESSIONAL SERVICES INC 8319 HIDDEN TRAIL LN SPRING, TX 77379 |
| License # | 002174 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 677299 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 547-8395 | Fax | (281) 605-6656 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | GNNANASRIBALA MUKKAMALA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/28/2016 | Owner Information HOMECARE & BEYOND LLC 17207 KUYKENDAHL ROAD, SUITE 110 SPRING, TX 77379 |
| License # | 017374 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 916-1440 | Fax | (281) 916-1400 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LESLIE EZE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/18/2017 | Owner Information JP CARING HANDS, LLC 19811 CYPRESSWOOD SPRING SPRING, TX 77373 |
| License # | 018517 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 881-6230 | Fax | (281) 881-6230 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | PERRY JAMES | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/29/2016 | Owner Information MAGGIE'S LOVING HANDS LLC 22303 TREE HOUSE LN SPRING, TX 77373 |
| License # | 017377 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (318) 458-7464 | Fax | | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARQUITA MOURNING | | | |
| County | HARRIS | Region | 06 | Date Licensed | 08/09/2012 | Owner Information MAGNET HEALTH CARE SERVICES INC 6065 HILL CROFT AVENUE STE 500 HOUSTON, TX 77081 |
| License # | 015274 | | | | | |
| Lic Expire | 08/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 719-8965 | Fax | (281) 288-1704 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANCISCA OKONKWO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 07/19/2004 | <u>Owner Information</u> |
| License # | 009204 | | | | | PINARD HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 17350 ST LUKES WAY #490 |
| Medicare 1: | 673185 | | | | | THE WOODLANDS, TX 77384 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 205-7948 | Fax | (281) 205-7951 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DEBRA K HEYT | | | |
| County | HARRIS | Region | 06 | Date Licensed | 05/04/2010 | <u>Owner Information</u> |
| License # | 013291 | | | | | SILVER SPRING HOME HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 18 AUGUSTA PINES DR SUITE 120 W |
| Medicare 1: | 747611 | | | | | SPRING, TX 77389 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 651-2268 | Fax | (281) 656-5230 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OMOLOLA BAKARE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/03/2015 | <u>Owner Information</u> |
| License # | 016665 | | | | | TRM HOSPICE CARE INC |
| Lic Expire | 03/31/2019 | | | | | 18 AUGUSTA PINES DR 120 W |
| Medicare 1: | 741670 | | | | | SPRING, TX 77389 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 651-2268 | Fax | (281) 656-5230 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | LOLA BAKARE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/16/2009 | <u>Owner Information</u> |
| License # | 012924 | | | | | TOMLICO LLC |
| Lic Expire | 03/31/2019 | | | | | 1908 N MEMORIAL WAY |
| Medicare 1: | | | | | | HOUSTON, TX 77007 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 864-7388 | Fax | (713) 864-7389 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN TOMLINSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 01/04/2017 | <u>Owner Information</u> |
| License # | 017830 | | | | | WELL-AT-HOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 24711 FAWN RIDGE FOREST DR |
| Medicare 1: | | | | | | SPRING, TX 77373 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 977-7863 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARJORIE GAGNE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 03/29/2017 | <u>Owner Information</u> |
| License # | 017975 | | | | | YOS HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 5225 MAPLE AV APT 4401 |
| Medicare 1: | | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 900-5007 | Fax | (866) 677-1896 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUEL SOFELA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 11/21/2012 | <u>Owner Information</u> |
| License # | 015220 | | | | | BLUE IRIS ENTERPRISES LLC |
| Lic Expire | 11/30/2018 | | | | | 502 MASON ST |
| Medicare 1: | | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 667-7321 | Fax | (832) 761-0504 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BETH FREY | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/27/2013 | <u>Owner Information</u> |
| License # | 015399 | | | | | BRANDKAST SOLUTIONS, LP |
| Lic Expire | 02/28/2019 | | | | | PO BOX 1138 |
| Medicare 1: | | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 380-8265 | Fax | (832) 380-8255 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | WAYNE ARRINGTON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 08/26/2011 | Owner Information |
| License # | 014311 | | | | | HARBOR HOSPICE OF NORTHWEST HOUSTON, LP |
| Lic Expire | 08/31/2019 | | | | | 3406 COLLEGE STREET |
| Medicare 1: | 671735 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (713) 939-9900 | Fax | (713) 939-9903 | | | Services: |
| Type: | Parent Agency | Administrator | LISA DAVIS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/05/2010 | Owner Information |
| License # | 013609 | | | | | HARBOR HOSPICE OF TEXAS LP |
| Lic Expire | 10/31/2018 | | | | | P. O BOX 12686 |
| Medicare 1: | 671685 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (281) 659-0303 | Fax | (281) 659-0306 | | | Services: |
| Type: | Parent Agency | Administrator | LISA DAVIS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 09/14/2016 | Owner Information |
| License # | 017626 | | | | | JKBROWN CORP |
| Lic Expire | 09/30/2018 | | | | | 9419 BRANNOK LN |
| Medicare 1: | | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | |
| Phone | (501) 908-4874 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | JAMISON BROWN | | | Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/27/2010 | Owner Information |
| License # | 013680 | | | | | NORTHPOINT HEALTHCARE SERVICES INCORPORATED |
| Lic Expire | 10/31/2018 | | | | | 215 SOUTH POPLAR ST |
| Medicare 1: | 747639 | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | |
| Phone | (281) 351-2162 | Fax | (281) 351-8092 | | | Services: |
| Type: | Parent Agency | Administrator | RICHILLE V LANCANAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HARRIS | Region | 06 | Date Licensed | 12/31/2009 | Owner Information |
| License # | 013171 | | | | | SIENNA HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 14011 PARK DRIVE, SUITE #218 |
| Medicare 1: | 453145 | | | | | TOMBALL, TX 77377 |
| Medicare 2: | | | | | | |
| Phone | (281) 516-0255 | Fax | (281) 516-0223 | | | Services: |
| Type: | Parent Agency | Administrator | JANICE M WALSTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 10/30/2003 | Owner Information |
| License # | 008722 | | | | | SUNSET HOSPICE INC |
| Lic Expire | 10/31/2018 | | | | | 1420 RUDEL DRIVE |
| Medicare 1: | 451762 | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | |
| Phone | (281) 290-7600 | Fax | (832) 460-2684 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE FIELDS | | | Hospice |
| County | HARRIS | Region | 06 | Date Licensed | 10/01/2011 | Owner Information |
| License # | 014536 | | | | | TOMBALL TEXAS HOME CARE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 9510 ORMSBY STATION RD STE 300 |
| Medicare 1: | 458148 | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | |
| Phone | (346) 808-5669 | Fax | (346) 808-5751 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA DONALDSON | | | Licensed and Certified Home Health Services |
| County | HARRIS | Region | 06 | Date Licensed | 03/11/2011 | Owner Information |
| License # | 013948 | | | | | EPS HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 40350 HWY 290 BUSINESS, P.O. BOX 667 |
| Medicare 1: | 747727 | | | | | WALLER, TX 77484 |
| Medicare 2: | | | | | | |
| Phone | (936) 372-8077 | Fax | (936) 372-4847 | | | Services: |
| Type: | Parent Agency | Administrator | ESTHER O LISINGE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HARRIS | Region | 06 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 012876 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 216-9055 | Fax | (281) 316-9066 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ALEXIS WASHINGTON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/01/2014 | Owner Information |
| License # | 016532 | | | | | CP HOME CARE, LLC |
| Lic Expire | 05/31/2018 | | | | | 3131 MCKINNEY AVE. SUITE 475 |
| Medicare 1: | 747242 | | | | | DALLAS, TX 75204 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 230-4721 | Fax | (832) 230-4724 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TYRICE C THOMAS | | | |
| County | HARRIS | Region | 06 | Date Licensed | 06/01/1999 | Owner Information |
| License # | 007134 | | | | | DENSON HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 17629 EL CAMINO REAL STE 400 |
| Medicare 1: | 459480 | | | | | HOUSTON, TX 77058 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 990-7000 | Fax | (281) 990-7672 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUZANNE MARIE DENSON | | | |
| County | HARRIS | Region | 06 | Date Licensed | 02/22/2007 | Owner Information |
| License # | 011093 | | | | | LUXUR HEALTH SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 4 PROFESSIONAL PARK DRIVE , SUITE B |
| Medicare 1: | 679746 | | | | | WEBSTER, TX 77598 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 880-3801 | Fax | (713) 880-3808 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARSAN FALLAH DIAB | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/01/2011 | Owner Information |
| License # | 014725 | | | | | PROMEDIC HEALTHCARE SYSTEMS INC |
| Lic Expire | 11/30/2019 | | | | | 857 TRISTAR DRIVE STE A-1 |
| Medicare 1: | 677973 | | | | | WEBSTER, TX 77598 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 747-4400 | Fax | (713) 747-4407 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMIR RAZA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 04/07/2014 | Owner Information |
| License # | 016134 | | | | | PROMEDIC HOSPICE OF AMERICA LLC |
| Lic Expire | 04/30/2018 | | | | | 9950 WESTPARK DRIVE STE 646 |
| Medicare 1: | 741534 | | | | | HOUSTON, TX 77063 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 829-4303 | Fax | (281) 829-4267 | | | Hospice |
| Type: | Parent Agency | Administrator | AMIR RAZA | | | |
| County | HARRIS | Region | 06 | Date Licensed | 07/11/2009 | Owner Information |
| License # | 012756 | | | | | DIVINE ASSISTANCE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 16940 HIGHWAY 3 |
| Medicare 1: | | | | | | WEBSTER, TX 77598 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 632-2273 | Fax | (832) 632-2256 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | THERESA M DIVINE | | | |
| County | HARRIS | Region | 06 | Date Licensed | 12/14/2011 | Owner Information |
| License # | 014706 | | | | | COSMOS HOSPICE OF PINEYWOODS LLC |
| Lic Expire | 12/31/2019 | | | | | 12947 LAKE CONROE HILLS DRIVE SUITE C |
| Medicare 1: | 671512 | | | | | WILLIS, TX 77318 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 856-6888 | Fax | (877) 322-3298 | | | Hospice |
| Type: | Parent Agency | Administrator | CASEY ALLEN WILSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|---|
| County | HARRISON | Region | 04 | Date Licensed | 11/01/2017 | Owner Information |
| License # | 018573 | | | | | MARSHALL HOMECARE LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 458244 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 927-1144 | Fax | (903) 927-1181 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHELLE WRIGHT | | | |
| County | HARRISON | Region | 04 | Date Licensed | 06/21/2013 | Owner Information |
| License # | 015767 | | | | | HEART TO HEART HOSPICE OF EAST TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671591 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 737-0847 | Fax | (903) 923-0520 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | M DEON BEHRMAN | | | |
| County | HARRISON | Region | 04 | Date Licensed | 11/28/2007 | Owner Information |
| License # | 002514 | | | | | HOSPICE LONGVIEW INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 5608 |
| Medicare 1: | | | | | | LONGVIEW, TX 75608 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 938-5200 | Fax | (903) 938-1244 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | POLLY MAINES | | | |
| County | HARRISON | Region | 04 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018220 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 67Q9280001 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 938-6590 | Fax | (903) 638-6390 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | REBA BUTLER | | | |
| County | HARRISON | Region | 04 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018220 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 679280 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 938-6590 | Fax | (903) 938-6390 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | REBA BUTLER | | | |
| County | HARRISON | Region | 04 | Date Licensed | 05/16/2005 | Owner Information |
| License # | 009761 | | | | | MARSHALL MANOR HOMECARE LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 157 |
| Medicare 1: | 671599 | | | | | MARSHALL, TX 75671 |
| Medicare 2: | 457878 | | | | | Services: |
| Phone | (903) 923-8154 | Fax | (903) 923-8624 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | NORMAN WIDON | | | |
| County | HARRISON | Region | 04 | Date Licensed | 01/01/1997 | Owner Information |
| License # | 005706 | | | | | COMPLETE APPROACH HOME HEALTH CARE LLC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 609 |
| Medicare 1: | 458453 | | | | | WASKOM, TX 75692 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 687-2399 | Fax | (903) 687-2383 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | GWENDOLYN PENDER BARNES | | | |
| County | HARTLEY | Region | 01 | Date Licensed | 06/13/1997 | Owner Information |
| License # | 005693 | | | | | DALLAM-HARTLEY COUNTIES HOSPITAL DISTRICT |
| Lic Expire | 06/30/2018 | | | | | 1411 DENVER AVENUE |
| Medicare 1: | 671531 | | | | | DALHART, TX 79022 |
| Medicare 2: | 459416 | | | | | Services: |
| Phone | (806) 244-8738 | Fax | (806) 244-6604 | | | Licensed and Certified Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | JANICE RUTH RECTOR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HASKELL | Region | 02 | Date Licensed | 03/04/1999 | Owner Information |
| License # | 001773 | | | | | YOUNG COUNTY HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 2735 WIND RIVER LANE SUITE 153 |
| Medicare 1: | 67Q7065001 | | | | | DENTON, TX 76210 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 864-5074 | Fax | (940) 864-6163 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | HARRY L TALBOTT III | | | |
| County | HAYS | Region | 07 | Date Licensed | 01/15/2013 | Owner Information |
| License # | 015311 | | | | | CAPITOL DIVERSIFIED SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 7724 EL DORADO DRIVE |
| Medicare 1: | | | | | | AUSTIN, TX 78737 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 767-0055 | Fax | (512) 597-8824 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RONALD BENNETT | | | |
| County | HAYS | Region | 07 | Date Licensed | 10/01/2017 | Owner Information |
| License # | 018489 | | | | | LAGUNA MADRE REHABILITATION CENTER INC |
| Lic Expire | 09/30/2019 | | | | | 561 MANCHESTER LN |
| Medicare 1: | | | | | | AUSTIN, TX 78737 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 527-6387 | Fax | (512) 597-3212 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RICARDO OLIVAS | | | |
| County | HAYS | Region | 07 | Date Licensed | 07/18/2008 | Owner Information |
| License # | 012109 | | | | | BE HEALTHY AT HOME INC |
| Lic Expire | 07/31/2018 | | | | | 320 N. MAIN ST., STE#102 |
| Medicare 1: | 747688 | | | | | BUDA, TX 78610 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 295-7000 | Fax | (512) 295-7070 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEFF DIETZ | | | |
| County | HAYS | Region | 07 | Date Licensed | 06/22/2015 | Owner Information |
| License # | 016868 | | | | | NELLIE'S HEART CAREGIVING INCORPORATED |
| Lic Expire | 06/30/2019 | | | | | 12621 REDBUD TRAIL |
| Medicare 1: | | | | | | BUDA, TX 78610 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 361-0008 | Fax | (512) 361-0008 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANDRA ROBINSON | | | |
| County | HAYS | Region | 07 | Date Licensed | 03/26/2004 | Owner Information |
| License # | 008988 | | | | | FDN ENTERPRISES LLC |
| Lic Expire | 03/31/2019 | | | | | 691 EAST OVERLOOK MOUNTAIN ROAD |
| Medicare 1: | 453125 | | | | | BUDA, TX 78610 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 312-5222 | Fax | (512) 312-5552 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MERCY E NKANSAH | | | |
| County | HAYS | Region | 07 | Date Licensed | 01/12/2016 | Owner Information |
| License # | 017218 | | | | | FOUR K HEALTH CARE LLC |
| Lic Expire | 01/31/2018 | | | | | 11001 S 1ST STREET, #1716 |
| Medicare 1: | | | | | | AUSTIN, TX 78748 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 387-5787 | Fax | (512) 355-7717 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PANNA JONES | | | |
| County | HAYS | Region | 07 | Date Licensed | 01/11/2016 | Owner Information |
| License # | 017217 | | | | | YOUR HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2018 | | | | | 187 ELMHURST SUITE C |
| Medicare 1: | 741615 | | | | | KYLE, TX 78640 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 786-4198 | Fax | (512) 597-0883 | | | Hospice |
| Type: | Parent Agency | Administrator | SARAH FILES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|---|
| County | HAYS | Region | 07 | Date Licensed | 05/04/2015 | <u>Owner Information</u> |
| License # | 016887 | | | | | SETON RIVER BEND HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 1300 DACY LANE, STE 170 |
| Medicare 1: | 679048 | | | | | KYLE, TX 78640 |
| Medicare 2: | | | | | | |
| Phone | (512) 360-2002 | Fax | (512) 237-3385 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY RASNICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HAYS | Region | 07 | Date Licensed | 08/07/2013 | <u>Owner Information</u> |
| License # | 015699 | | | | | YOUR HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 187 ELMHURST, SUITE C |
| Medicare 1: | 747926 | | | | | KYLE, TX 78640 |
| Medicare 2: | | | | | | |
| Phone | (512) 786-4198 | Fax | (512) 597-0883 | | | Services: |
| Type: | Parent Agency | Administrator | LAURIE PRATER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| County | HAYS | Region | 07 | Date Licensed | 07/31/2009 | <u>Owner Information</u> |
| License # | 011379 | | | | | AXYB INC |
| Lic Expire | 06/30/2018 | | | | | 120 N. MESQUITE STREET |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78202 |
| Medicare 2: | | | | | | |
| Phone | (512) 392-5166 | Fax | (877) 270-3788 | | | Services: |
| Type: | Branch Agency | Administrator | XENIA BUENO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HAYS | Region | 07 | Date Licensed | 09/11/2013 | <u>Owner Information</u> |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (855) 290-2394 | Fax | (512) 757-8834 | | | Services: |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HAYS | Region | 07 | Date Licensed | 01/27/2017 | <u>Owner Information</u> |
| License # | 017887 | | | | | BENNINGTON HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 215 WEST SAN ANTONIO STREET SUITE 103 |
| Medicare 1: | | | | | | SAN MARCOS, TX 78666 |
| Medicare 2: | | | | | | |
| Phone | (512) 667-7068 | Fax | (512) 269-0440 | | | Services: |
| Type: | Parent Agency | Administrator | CHUCK RYAN | | | Personal Assistance Services |
| County | HAYS | Region | 07 | Date Licensed | 03/19/1991 | <u>Owner Information</u> |
| License # | 002191 | | | | | ADVENTIST HEALTH SYSTEM/SUNBELT INC |
| Lic Expire | 03/31/2018 | | | | | 1301 WONDER WORLD DR |
| Medicare 1: | 457094 | | | | | SAN MARCOS, TX 78666 |
| Medicare 2: | | | | | | |
| Phone | (512) 753-3584 | Fax | (512) 392-8489 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA GARRETT | | | Licensed and Certified Home Health Services |
| County | HAYS | Region | 07 | Date Licensed | 04/15/1991 | <u>Owner Information</u> |
| License # | 002201 | | | | | ADVENTIST HEALTH SYSTEM/SUNBELT INC |
| Lic Expire | 04/30/2018 | | | | | 1301 WONDER WORLD DR |
| Medicare 1: | 451548 | | | | | SAN MARCOS, TX 78666 |
| Medicare 2: | | | | | | |
| Phone | (512) 754-6159 | Fax | (512) 754-1657 | | | Services: |
| Type: | Parent Agency | Administrator | ALLISON HARDY | | | Hospice |
| County | HAYS | Region | 07 | Date Licensed | 08/04/2014 | <u>Owner Information</u> |
| License # | 016504 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 08/31/2018 | | | | | P. O BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | |
| Phone | (512) 392-4663 | Fax | (512) 392-4674 | | | Services: |
| Type: | Parent Agency | Administrator | SAMANTHA YOUNG | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | HAYS | Region | 07 | Date Licensed | 06/15/2017 | <u>Owner Information</u> |
| License # | 018109 | | | | | EMERALD FOREST VENTURES LLC |
| Lic Expire | 06/30/2019 | | | | | 1318 CANON YEOMANS TRL |
| Medicare 1: | | | | | | AUSTIN, TX 78748 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 598-9099 | Fax | (512) 290-9188 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MEGAN JONES | | | |
| County | HAYS | Region | 07 | Date Licensed | 01/18/2011 | <u>Owner Information</u> |
| License # | 013833 | | | | | COMPASSIONATE CARE HOSPICE OF CENTRAL TEXAS, LLC |
| Lic Expire | 01/31/2019 | | | | | 102 WONDER WORLD DRIVE, SUITE#307 |
| Medicare 1: | 671753 | | | | | SAN MARCOS, TX 78666 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 295-5333 | Fax | (512) 295-6333 | | | Hospice |
| Type: | Parent Agency | Administrator | SHERI JAHNSEN | | | |
| County | HAYS | Region | 07 | Date Licensed | 06/01/2010 | <u>Owner Information</u> |
| License # | 013546 | | | | | ENCOMPASS HOME HEALTH OF AUSTIN LLC |
| Lic Expire | 05/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 67Q8267001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 392-5801 | Fax | (512) 392-5806 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ANNABEL LINSOMB | | | |
| County | HAYS | Region | 07 | Date Licensed | 10/08/2013 | <u>Owner Information</u> |
| License # | 015952 | | | | | HEART TO HEART HOSPICE OF AUSTIN LTD |
| Lic Expire | 10/31/2019 | | | | | 7240 CHASE OAKS BLVD., |
| Medicare 1: | 671529 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 667-6816 | Fax | (512) 667-6823 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ADAM CURRIE | | | |
| County | HAYS | Region | 07 | Date Licensed | 08/08/2016 | <u>Owner Information</u> |
| License # | 017559 | | | | | HEART TO HEART HOSPICE OF SAN MARCOS LLC |
| Lic Expire | 08/31/2018 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 741661 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 667-6816 | Fax | (512) 667-6823 | | | Hospice |
| Type: | Parent Agency | Administrator | TAMMY ALLEN | | | |
| County | HAYS | Region | 07 | Date Licensed | 10/25/2011 | <u>Owner Information</u> |
| License # | 014439 | | | | | TANGRAM REHABILITATION NETWORK INC |
| Lic Expire | 10/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 353-1391 | Fax | (512) 396-2024 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANIEL SMITH | | | |
| County | HAYS | Region | 07 | Date Licensed | 07/26/2011 | <u>Owner Information</u> |
| License # | 014462 | | | | | WELLSTREAM HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER SUITE#400 |
| Medicare 1: | 677495 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 392-0157 | Fax | (512) 392-0611 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CORY HURT | | | |
| County | HAYS | Region | 07 | Date Licensed | 10/26/1995 | <u>Owner Information</u> |
| License # | 004098 | | | | | FAMILY HOSPICE LTD |
| Lic Expire | 10/31/2018 | | | | | 12900 FOSTER STE#400 |
| Medicare 1: | 451640 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 392-9138 | Fax | (512) 392-9148 | | | Hospice |
| Type: | Parent Agency | Administrator | HEIDI WALL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|---------------------|---------------|------------|---|
| County | HAYS | Region | 07 | Date Licensed | 03/20/2015 | <u>Owner Information</u> |
| License # | 012568 | | | | | EDWIN YOUNG HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 5555 N. LAMAR BLVD., SUITE #C111 |
| Medicare 1: | | | | | | AUSTIN, TX 78751 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 291-9495 | Fax | (512) 465-9900 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | CASEY DONAHO-WAGNOR | | | |
| County | HAYS | Region | 07 | Date Licensed | 09/06/2005 | <u>Owner Information</u> |
| License # | 009939 | | | | | THERAPEUTIC COMMUNITIES LLC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 705 |
| Medicare 1: | | | | | | SAN MARCOS, TX 78667 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 557-0482 | Fax | (512) 878-0391 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BONNIE SANDERS | | | |
| County | HAYS | Region | 07 | Date Licensed | 02/01/2017 | <u>Owner Information</u> |
| License # | 018037 | | | | | RIVERSIDE KEEPERS LLC |
| Lic Expire | 01/31/2019 | | | | | 201 FM 3237 SUITE 124 |
| Medicare 1: | | | | | | WIMBERLEY, TX 78676 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 847-7445 | Fax | (800) 524-1161 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIMA COLTHARP | | | |
| County | HAYS | Region | 07 | Date Licensed | 06/01/2011 | <u>Owner Information</u> |
| License # | 014131 | | | | | BLUE BONNET PALLIATIVE CARE PLLC |
| Lic Expire | 05/31/2019 | | | | | 12111 RANCH RD 12 SPACE 114 |
| Medicare 1: | 671713 | | | | | WIMBERLEY, TX 78676 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 537-8950 | Fax | (866) 616-7615 | | | Hospice |
| Type: | Parent Agency | Administrator | COLLEEN RITTER | | | |
| County | HAYS | Region | 07 | Date Licensed | 08/01/1997 | <u>Owner Information</u> |
| License # | 006083 | | | | | WIMBERLEY HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 201 FM 3237 SUITE 123 |
| Medicare 1: | 678174 | | | | | WIMBERLEY, TX 78676 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 847-7080 | Fax | (512) 847-6121 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ANN C GUILFORD | | | |
| County | HEMPHILL | Region | 01 | Date Licensed | 08/01/1994 | <u>Owner Information</u> |
| License # | 003016 | | | | | HEMPHILL COUNTY HOSPITAL DISTRICT |
| Lic Expire | 07/31/2019 | | | | | 1020 SOUTH 4TH STREET |
| Medicare 1: | 451603 | | | | | CANADIAN, TX 79014 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 323-6422 | Fax | (806) 323-8061 | | | Hospice |
| Type: | Parent Agency | Administrator | CHRISTY FRANCIS | | | |
| County | HEMPHILL | Region | 01 | Date Licensed | 06/18/1991 | <u>Owner Information</u> |
| License # | 002219 | | | | | HEMPHILL COUNTY HOSPITAL DISTRICT |
| Lic Expire | 06/30/2018 | | | | | 1020 SOUTH 4TH STREET |
| Medicare 1: | 677427 | | | | | CANADIAN, TX 79014 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 323-8603 | Fax | (806) 323-8261 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTY FRANCIS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | HENDERSON | Region | 04 | Date Licensed | 05/12/2006 | <u>Owner Information</u> |
| License # | 010449 | | | | | A TRINITY VALLEY HOME HEALTH AND THERAPY SERVICES PLLC |
| Lic Expire | 05/31/2018 | | | | | 800 LAKESIDE DRIVE |
| Medicare 1: | 679539 | | | | | ATHENS, TX 75751 |
| Medicare 2: | | | | | | |
| Phone | (903) 677-3500 | Fax | (903) 677-4700 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM D MILLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HENDERSON | Region | 04 | Date Licensed | 05/15/2017 | <u>Owner Information</u> |
| License # | 012995 | | | | | CAREPARTH HEALTHCARE SYSTEM LLP |
| Lic Expire | 11/30/2019 | | | | | 720 WEST NATHAN LOWE RD SUITE 100 |
| Medicare 1: | | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (903) 292-5118 | Fax | (903) 292-5119 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DANIEL N EZEUKWU | | | Hospice |
| County | HENDERSON | Region | 04 | Date Licensed | 12/13/2004 | <u>Owner Information</u> |
| License # | 009458 | | | | | MONDINI INC |
| Lic Expire | 12/31/2018 | | | | | 104 E CORSICANA |
| Medicare 1: | | | | | | ATHENS, TX 75751 |
| Medicare 2: | | | | | | |
| Phone | (903) 677-3007 | Fax | (903) 677-2022 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN MONDINI | | | Personal Assistance Services |
| County | HENDERSON | Region | 04 | Date Licensed | 03/01/2000 | <u>Owner Information</u> |
| License # | 007296 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 02/28/2019 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 677586 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 675-8882 | Fax | (903) 675-8832 | | | Services: |
| Type: | Parent Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HENDERSON | Region | 04 | Date Licensed | 01/07/2014 | <u>Owner Information</u> |
| License # | 015957 | | | | | GENESIS EXTRACARE LLC |
| Lic Expire | 01/31/2018 | | | | | 1317 S PALESTINE STE C |
| Medicare 1: | | | | | | ATHENS, TX 75751 |
| Medicare 2: | | | | | | |
| Phone | (903) 286-9081 | Fax | (903) 677-1359 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN L SHARP | | | Personal Assistance Services |
| County | HENDERSON | Region | 04 | Date Licensed | 01/15/2015 | <u>Owner Information</u> |
| License # | 016893 | | | | | GENESIS HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 1317 S PALESTINE |
| Medicare 1: | 451657 | | | | | ATHENS, TX 75751 |
| Medicare 2: | | | | | | |
| Phone | (903) 675-4730 | Fax | (903) 904-5003 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN L SHARP | | | Hospice |
| County | HENDERSON | Region | 04 | Date Licensed | 08/04/2004 | <u>Owner Information</u> |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (903) 675-4444 | Fax | (903) 292-1739 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | HENDERSON | Region | 04 | Date Licensed | 05/03/2010 | <u>Owner Information</u> |
| License # | 013428 | | | | | INTEGRACARE OF ATHENS HOME HEALTH LLC |
| Lic Expire | 05/31/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 677193 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (903) 675-5184 | Fax | (903) 675-4098 | | | Services: |
| Type: | Parent Agency | Administrator | DIANE DANIEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HENDERSON | Region | 04 | Date Licensed | 05/03/2010 | <u>Owner Information</u> |
| License # | 013432 | | | | | INTEGRACARE OF ATHENS HOSPICE LLC |
| Lic Expire | 05/31/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 451583 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (903) 675-8941 | Fax | (903) 675-4098 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER MONROE | | | Hospice |
| County | HENDERSON | Region | 04 | Date Licensed | 11/14/2003 | <u>Owner Information</u> |
| License # | 008746 | | | | | STAR CARE LLP |
| Lic Expire | 11/30/2018 | | | | | 318 BRIAR ROCK ROAD |
| Medicare 1: | 453144 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (903) 677-8301 | Fax | (903) 677-8310 | | | Services: |
| Type: | Parent Agency | Administrator | LARI SMILEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HENDERSON | Region | 04 | Date Licensed | 02/23/2006 | <u>Owner Information</u> |
| License # | 009025 | | | | | BANNER HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 104 EAST US HWY 80 SUITE 190 |
| Medicare 1: | 67Q9283002 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (903) 887-0364 | Fax | (903) 887-5963 | | | Services: |
| Type: | Branch Agency | Administrator | DENISE HEMBREE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HENDERSON | Region | 04 | Date Licensed | 01/02/2015 | <u>Owner Information</u> |
| License # | 016699 | | | | | HOSPICE HOLDINGS DFW LLC |
| Lic Expire | 01/31/2019 | | | | | 360 HAMILTON AVENUE SUITE 1110 |
| Medicare 1: | | | | | | WHITE PLAINS, NY 10601 |
| Medicare 2: | | | | | | |
| Phone | (903) 880-5000 | Fax | (903) 880-5015 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | GILBERT GUTIERREZ | | | Hospice |
| County | HENDERSON | Region | 04 | Date Licensed | 01/27/2012 | <u>Owner Information</u> |
| License # | 014989 | | | | | BRIDGEWAY HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 3880 HULEN SUITE #670 |
| Medicare 1: | 45Q8178003 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (903) 880-5000 | Fax | (903) 880-5015 | | | Services: |
| Type: | Branch Agency | Administrator | DEBORAH ELLIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HENDERSON | Region | 04 | Date Licensed | 06/09/2016 | <u>Owner Information</u> |
| License # | 017642 | | | | | L S AND S S INC |
| Lic Expire | 06/30/2018 | | | | | 1837 W MAIN |
| Medicare 1: | 451793 | | | | | GUN BARREL CITY, TX 75156 |
| Medicare 2: | | | | | | |
| Phone | (903) 887-4788 | Fax | (903) 887-7288 | | | Services: |
| Type: | Parent Agency | Administrator | DANNY WEEMS | | | Hospice |
| County | HENDERSON | Region | 04 | Date Licensed | 05/08/2001 | <u>Owner Information</u> |
| License # | 007296 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 02/28/2019 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 67Q7586002 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 887-3556 | Fax | (903) 675-8832 | | | Services: |
| Type: | Branch Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|---|
| County | HENDERSON | Region | 04 | Date Licensed | 11/15/2006 | Owner Information COUNTRY NURSING SOLUTIONS INC 606 QUIRAM LANE KEMP, TX 75143 |
| License # | 010960 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | 457929 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 432-4112 | Fax | (903) 432-4124 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | THEDA L JONES | | | |
| County | HENDERSON | Region | 04 | Date Licensed | 08/13/2009 | Owner Information SHARON STRICKLAND 1410 S THIRD STREET SUITE C MABANK, TX 75147 |
| License # | 012779 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 880-5025 | Fax | (903) 880-5009 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHARON STRICKLAND | | | |
| County | HENDERSON | Region | 04 | Date Licensed | 12/28/1983 | Owner Information CEDAR LAKE NURSING SERVICES INC 104 S TERRY STREET MALAKOFF, TX 75148 |
| License # | 001440 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | 457582 | | | | | |
| Medicare 2: | 451565 | | | | | |
| Phone | (903) 489-2043 | Fax | (903) 489-2044 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | CYNTHIA A CALLOWAY | | | |
| County | HENDERSON | Region | 04 | Date Licensed | 01/12/2016 | Owner Information SOLUTIONS FINANCIAL MANAGEMENT SERVICES LLC 16003 ST PAUL DR MALAKOFF, TX 75148 |
| License # | 017219 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 288-4948 | Fax | (972) 426-7399 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWANDA ROBERTSON | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/20/2003 | Owner Information RIO HOME CARE LLC 1003 EXPRESSWAY 83 ALAMO, TX 78516 |
| License # | 008465 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 783-8400 | Fax | (956) 783-8410 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORA PADILLA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/08/2015 | Owner Information PALLI-MED HOSPICE LLC 1310 E MAIN AVE SUITE B ALTON, TX 78573 |
| License # | 016955 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 741530 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 627-2744 | Fax | (956) 627-5625 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | PAMELA EYAMBE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/06/2011 | Owner Information FIRST CHOICE IN-HOME CARE LLC 2301 EAST BUSINESS HWY 83 LOT A HIDALGO, TX 78537 |
| License # | 014081 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 246-9737 | Fax | (956) 461-0032 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA C RODRIGUEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/28/2006 | Owner Information GBS HOME HEALTH LLC PO BOX 700 DONNA, TX 78537 |
| License # | 010411 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | 679759 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 464-1066 | Fax | (956) 464-5774 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GUADALUPE Z CASTILLO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/04/2007 | <u>Owner Information</u> |
| License # | 011226 | | | | | MAS QUE AMIGOS HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 902 LORENA CT |
| Medicare 1: | | | | | | DONNA, TX 78537 |
| Medicare 2: | | | | | | |
| Phone | (956) 472-3080 | Fax | (956) 464-1248 | | | Services: |
| Type: | Parent Agency | Administrator | EVERLINDA GALLEGOS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/01/2004 | <u>Owner Information</u> |
| License # | 009347 | | | | | A&E HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 2115 LOTT RD |
| Medicare 1: | | | | | | DONNA, TX 78537 |
| Medicare 2: | | | | | | |
| Phone | (956) 464-7741 | Fax | (956) 464-0007 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE E LUGO JR | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/14/2004 | <u>Owner Information</u> |
| License # | 009099 | | | | | ALL VALLEY HEALTH CARE INC |
| Lic Expire | 05/31/2018 | | | | | 2115 LOTT ROAD |
| Medicare 1: | 453185 | | | | | DONNA, TX 78537 |
| Medicare 2: | | | | | | |
| Phone | (956) 783-4746 | Fax | (956) 783-7831 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE E. LUGO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/23/2010 | <u>Owner Information</u> |
| License # | 013575 | | | | | PARTNERS IN CARE LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 8216 |
| Medicare 1: | 747728 | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | |
| Phone | (956) 351-5923 | Fax | (956) 351-5925 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID ALEJANDRO LOPEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/15/2007 | <u>Owner Information</u> |
| License # | 011548 | | | | | 25 HHA INC |
| Lic Expire | 06/30/2019 | | | | | 1802 SCOBAY AVE |
| Medicare 1: | 747340 | | | | | DONNA, TX 78537 |
| Medicare 2: | | | | | | |
| Phone | (956) 464-5898 | Fax | (956) 464-8706 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE ANDERSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/20/2017 | <u>Owner Information</u> |
| License # | 018181 | | | | | AMANECEER HEALTH CARE SERVICES, LLC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 456 |
| Medicare 1: | | | | | | LA VILLA, TX 78562 |
| Medicare 2: | | | | | | |
| Phone | (956) 472-4600 | Fax | (866) 620-7006 | | | Services: |
| Type: | Parent Agency | Administrator | ALICIA G ORTIZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/01/2006 | <u>Owner Information</u> |
| License # | 010618 | | | | | KIRBY AND RUSS INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 175 |
| Medicare 1: | 673178 | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | |
| Phone | (956) 262-2401 | Fax | (956) 262-2400 | | | Services: |
| Type: | Parent Agency | Administrator | EDELMIRO VARELA JR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/07/2007 | <u>Owner Information</u> |
| License # | 011744 | | | | | GOOD SHEPHERD PRIMARY HEALTH CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 7981 MILE 17 NORTH |
| Medicare 1: | 747135 | | | | | EDCOUCH, TX 78538 |
| Medicare 2: | | | | | | |
| Phone | (956) 262-7445 | Fax | (956) 262-0008 | | | Services: |
| Type: | Parent Agency | Administrator | MACARIA SALINAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---------------------------------|
| County | HIDALGO | Region | 11 | Date Licensed | 06/30/2017 | <u>Owner Information</u> |
| License # | 018141 | | | | | 4 GENESIS PRIMARY HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 506 DELIA DRIVE |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 460-0783 | Fax | (956) 517-2021 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA M. HINOJOSA | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/30/2016 | <u>Owner Information</u> |
| License # | 017601 | | | | | A & M HOME HEALTH AGENCY LLC |
| Lic Expire | 08/31/2018 | | | | | 5016 GISSELLE ST |
| Medicare 1: | | | | | | EDINBURG, TX 78541 |
| Medicare 2: | | | | | | |
| Phone | (956) 292-3686 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MARIA A VARGAS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/05/2017 | <u>Owner Information</u> |
| License # | 018040 | | | | | A FRIENDLY HEART HOME CARE LLC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 3067 |
| Medicare 1: | | | | | | MCALLEN, TX 78502 |
| Medicare 2: | | | | | | |
| Phone | (956) 383-3861 | Fax | (956) 383-6548 | | | Services: |
| Type: | Parent Agency | Administrator | DALIA BUSS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/10/2010 | <u>Owner Information</u> |
| License # | 013304 | | | | | ALLSTATE HOSPICE LLC |
| Lic Expire | 05/31/2018 | | | | | 4622 S. CLOSNER BLVD |
| Medicare 1: | 671657 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-8585 | Fax | (956) 287-8586 | | | Services: |
| Type: | Parent Agency | Administrator | SEDAT NECIPOGLU | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 12/06/2007 | <u>Owner Information</u> |
| License # | 011833 | | | | | VERGE PRIMARY HOME CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 4622 S. CLOSNER BLVD |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-8585 | Fax | (956) 287-8586 | | | Services: |
| Type: | Parent Agency | Administrator | SEDAT NECIPOGLU | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/11/2017 | <u>Owner Information</u> |
| License # | 018242 | | | | | CDMC LLC |
| Lic Expire | 08/31/2019 | | | | | 108 N JACKSON ROAD |
| Medicare 1: | | | | | | EDINBURG, TX 78541 |
| Medicare 2: | | | | | | |
| Phone | (956) 884-6137 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS A MARTINEZ JR | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/30/2014 | <u>Owner Information</u> |
| License # | 016584 | | | | | AMAR HOME HEALTHCARE LLC |
| Lic Expire | 12/31/2018 | | | | | 4305 N 10TH STREET SUITE H |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (844) 224-9648 | Fax | (888) 789-1978 | | | Services: |
| Type: | Parent Agency | Administrator | JUAN JOSE GOMEZ | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/19/2010 | <u>Owner Information</u> |
| License # | 013335 | | | | | CBJI HOME CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 615 BLAZE BLVD |
| Medicare 1: | 671671 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 283-1550 | Fax | (956) 961-4910 | | | Services: |
| Type: | Parent Agency | Administrator | JO ANN CARMONA | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 05/15/2015 | Owner Information |
| License # | 016835 | | | | | AMAZING VALLEY HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 217 CONQUEST BLVD STE B |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 485-1000 | Fax | (956) 316-4042 | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL TORRES | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/26/2008 | Owner Information |
| License # | 012320 | | | | | AMISTAD PRIMARY HOME CARE INC |
| Lic Expire | 11/30/2018 | | | | | 119 N. 9TH AVE |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 383-7660 | Fax | (956) 383-7316 | | | Services: |
| Type: | Parent Agency | Administrator | ADELA HOUSER | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/12/2008 | Owner Information |
| License # | 012246 | | | | | AMISTAD PROVIDER AGENCY INC |
| Lic Expire | 07/31/2018 | | | | | 417 EAST MAHL ST |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 318-3235 | Fax | (956) 318-3240 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ALICIA GARZA | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/31/2014 | Owner Information |
| License # | 016008 | | | | | MARYBEL T. SANCHEZ |
| Lic Expire | 01/31/2020 | | | | | 1922 RUBY STREET |
| Medicare 1: | | | | | | EDINBURG, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 383-2667 | Fax | (956) 383-2668 | | | Services: |
| Type: | Parent Agency | Administrator | MARLENE SEPULVEDA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 04/29/2008 | Owner Information |
| License # | 012117 | | | | | APEX PRIMARY CARE INC |
| Lic Expire | 04/30/2018 | | | | | 11321 N BENTSEN |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 383-8887 | Fax | (956) 383-8897 | | | Services: |
| Type: | Parent Agency | Administrator | MARIO FLORES | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/11/1995 | Owner Information |
| License # | 003809 | | | | | APTUS HEALTH CARE PLLC |
| Lic Expire | 07/31/2018 | | | | | 2610 CORNERSTONE |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 668-1818 | Fax | (956) 668-1819 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA GREAGREY | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/10/2007 | Owner Information |
| License # | 011517 | | | | | AT HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 117 E LOEB |
| Medicare 1: | 741692 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | 679779 | | | | | |
| Phone | (956) 387-0000 | Fax | (956) 387-0012 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA LERMA | | | Licensed and Certified Home Health Services, Personal Assistance Services, Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 10/10/2012 | Owner Information |
| License # | 013807 | | | | | PW HEALTH SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 615A GALE STREET |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-2717 | Fax | (956) 627-2720 | | | Services: |
| Type: | Branch Agency | Administrator | PATRICK WONG | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 03/10/2006 | <u>Owner Information</u> |
| License # | 010339 | | | | | CALIDAD HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | P O BOX 4601 |
| Medicare 1: | | | | | | EDINBURG, TX 78540 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 720-8887 | Fax | (956) 289-1046 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANTHOSH SKARIAH | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/04/2006 | <u>Owner Information</u> |
| License # | 010228 | | | | | MYG VENTURES INC |
| Lic Expire | 01/31/2019 | | | | | 3218 S SUGAR RD |
| Medicare 1: | 679554 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 318-1520 | Fax | (956) 318-1530 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LYDIA BAZAN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/19/2006 | <u>Owner Information</u> |
| License # | 010469 | | | | | CIMA HOSPICE |
| Lic Expire | 05/31/2018 | | | | | CIMA HOSPICE OF THE VALLEY LP |
| Medicare 1: | 671558 | | | | | 14295 MIDWAY RD. STE #400 |
| Medicare 2: | | | | | | ADDISON, TX 75001 |
| Phone | (956) 631-4354 | Fax | (956) 631-4042 | | | Services: |
| Type: | Parent Agency | Administrator | ALICIA GARCIA | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 03/17/2016 | <u>Owner Information</u> |
| License # | 017315 | | | | | DULCE AMANECER PROVIDER SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 1524 DOHERTY AVENUE SUITE 4 |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 874-4623 | Fax | (956) 618-4631 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA E. CENTENO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/09/2017 | <u>Owner Information</u> |
| License # | 018367 | | | | | ENCINO PRIMARY HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 2607 SPADES AVENUE |
| Medicare 1: | | | | | | EDINBURG, TX 78542 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 929-1054 | Fax | (956) 517-2021 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUTH S. GONZALEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/06/2004 | <u>Owner Information</u> |
| License # | 009348 | | | | | ESSENTIAL HOME CARE INC |
| Lic Expire | 10/31/2018 | | | | | 125 W SHASTA AVENUE |
| Medicare 1: | 457858 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 683-0505 | Fax | (956) 686-9484 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARGARET MOLINA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/03/2009 | <u>Owner Information</u> |
| License # | 012942 | | | | | DENNIS R CHAVEZ |
| Lic Expire | 11/30/2019 | | | | | 7028 NORTH 5TH |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 994-1717 | Fax | (956) 994-1818 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA CHAVEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/28/2016 | <u>Owner Information</u> |
| License # | 017358 | | | | | EXPERT PRIMARY HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | 420 S CLOSNER |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 367-0500 | Fax | (956) 387-0501 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BETH PETERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 10/17/2012 | <u>Owner Information</u> |
| License # | 015140 | | | | | FAMILIA PRIMARY HOME CARE INC |
| Lic Expire | 10/31/2018 | | | | | 4430 S MCCOLL RD |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 890-9688 | Fax | (956) 583-4621 | | | Services: |
| Type: | Parent Agency | Administrator | EVELIA GUTIERREZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/31/2006 | <u>Owner Information</u> |
| License # | 010847 | | | | | FAMILY AND FRIENDS HOME HEALTH CARE INC |
| Lic Expire | 10/31/2019 | | | | | 508 W CANTON RD STE A |
| Medicare 1: | 679780 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 381-8253 | Fax | (956) 381-8353 | | | Services: |
| Type: | Parent Agency | Administrator | FELIPE GARZA JR | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/06/1995 | <u>Owner Information</u> |
| License # | 003459 | | | | | VALLEY HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 606 SOUTH MCCOLL ROAD |
| Medicare 1: | 458294 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 381-9294 | Fax | (956) 381-9293 | | | Services: |
| Type: | Parent Agency | Administrator | ARNULFO E MARTINEZ | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/03/2015 | <u>Owner Information</u> |
| License # | 016722 | | | | | FIRST HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | P O BOX 1877 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (956) 720-4256 | Fax | (956) 287-4988 | | | Services: |
| Type: | Branch Agency | Administrator | ARELY MATHEWS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/30/2015 | <u>Owner Information</u> |
| License # | 017205 | | | | | JHONSDTC INC |
| Lic Expire | 10/31/2019 | | | | | 3521 W. ALBERTA |
| Medicare 1: | 747691 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 618-4653 | Fax | (956) 618-4656 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA GONZALES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/16/2015 | <u>Owner Information</u> |
| License # | 017127 | | | | | GABRIELA AGUILLON |
| Lic Expire | 11/30/2019 | | | | | 422 E. SAMANO |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 380-0461 | Fax | (956) 287-4744 | | | Services: |
| Type: | Parent Agency | Administrator | GABRIELA AGUILLON | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/18/2012 | <u>Owner Information</u> |
| License # | 014957 | | | | | ARC PRIMARY CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 2517 W. TRENTON ROAD |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 475-3531 | Fax | (956) 475-3541 | | | Services: |
| Type: | Parent Agency | Administrator | ERICA AVILA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/05/2010 | <u>Owner Information</u> |
| License # | 013444 | | | | | HEALTH CARE PARTNERS INCORPORATED |
| Lic Expire | 03/31/2018 | | | | | 3403 WEST ALBERTO ROAD |
| Medicare 1: | 677834 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 683-7640 | Fax | (956) 683-7636 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA JEAN LONGORIA | | | Licensed and Certified Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 12/30/2009 | <u>Owner Information</u> |
| License # | 013056 | | | | | HEAVENLY CARE PHC SERVICES |
| Lic Expire | 12/31/2019 | | | | | 2701 N JACKSON ROAD |
| Medicare 1: | | | | | | EDINBURG, TX 78541 |
| Medicare 2: | | | | | | |
| Phone | (956) 720-4490 | Fax | (956) 720-4402 | | | Services: |
| Type: | Parent Agency | Administrator | DALYLA IRIS JASSO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/26/2008 | <u>Owner Information</u> |
| License # | 012321 | | | | | INFINITY CARE HOME HEALTH LLC |
| Lic Expire | 11/30/2018 | | | | | 5211 S MCCOLL RD SUITE D |
| Medicare 1: | 747308 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 630-3001 | Fax | (956) 630-3011 | | | Services: |
| Type: | Parent Agency | Administrator | ABEL MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/27/2012 | <u>Owner Information</u> |
| License # | 015229 | | | | | INSPIRATIONAL HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 4610 S. CLOSNER BLVD. |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 607-7444 | Fax | (844) 764-9569 | | | Services: |
| Type: | Parent Agency | Administrator | LERISSA LYNETTE MARTINEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 04/01/2007 | <u>Owner Information</u> |
| License # | 011272 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (956) 928-1175 | Fax | (956) 928-1190 | | | Services: |
| Type: | Parent Agency | Administrator | JEWEL MARTINEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/11/2017 | <u>Owner Information</u> |
| License # | 018306 | | | | | EEO SISTER ENTERPRISES INC |
| Lic Expire | 09/30/2019 | | | | | 3007 LESLIE STREET |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 533-4739 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH GUZMAN | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/23/2016 | <u>Owner Information</u> |
| License # | 017479 | | | | | LA AGENCIA PROVIDER SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 1524 DOHERTY AVENUE SUITE 2 |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 890-9688 | Fax | (956) 618-4631 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA E CENTENO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/11/2017 | <u>Owner Information</u> |
| License # | 018307 | | | | | LA MISION PALLIATIVE CARE & HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 3521 W FREDDY GONZALEZ STE A-3 |
| Medicare 1: | 741704 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 515-5050 | Fax | (888) 926-9306 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE JUAREZ | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 02/09/2018 | <u>Owner Information</u> |
| License # | 018606 | | | | | LA PALMA PROVIDER SERVICES LLC |
| Lic Expire | 02/29/2020 | | | | | 1215 S I-69 (C) |
| Medicare 1: | | | | | | EDINBURG, TX 78542 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-0333 | Fax | (956) 287-1986 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA FONSECA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 02/16/2007 | <u>Owner Information</u> |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-9150 | Fax | (956) 580-9111 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | AMBROSE HERNANDEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/10/2006 | <u>Owner Information</u> |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-9100 | Fax | (956) 580-9110 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | AMBROSE HERNANDEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/01/2010 | <u>Owner Information</u> |
| License # | 013724 | | | | | VELA INVESTMENT CORP |
| Lic Expire | 10/31/2018 | | | | | 4305 D1 NORTH 10TH STREET |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 688-8116 | Fax | (956) 664-9967 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CEPEDA MAGDALENA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/10/2010 | <u>Owner Information</u> |
| License # | 013707 | | | | | MEMORY LANE HEALTHCARE SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 1207 JOANN COURT |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 287-2999 | Fax | (956) 287-2998 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LETISIA MORENO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/07/2001 | <u>Owner Information</u> |
| License # | 007650 | | | | | MI CASA PHC INC |
| Lic Expire | 06/30/2019 | | | | | 3907 S SUGAR DRIVE |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 380-2220 | Fax | (956) 383-6337 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BLANCA PATRICIA PALOMO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/02/2006 | <u>Owner Information</u> |
| License # | 011201 | | | | | MS HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | P O BOX 3764 |
| Medicare 1: | 679201 | | | | | MCALLEN, TX 78502 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 687-9000 | Fax | (956) 687-9009 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | EDUARDO CASTRO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/16/2003 | <u>Owner Information</u> |
| License # | 008694 | | | | | NINOS HOME CARE INC |
| Lic Expire | 10/31/2016 | | | | | 121 WEST SAMANO ST. |
| Medicare 1: | 679390 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 683-7334 | Fax | (956) 683-7360 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IDALIA PADRON RN CHCE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/20/2000 | <u>Owner Information</u> |
| License # | 007496 | | | | | OASIS PRIMARY HOMECARE INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 2167 |
| Medicare 1: | | | | | | EDINBURG, TX 78540 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 289-1883 | Fax | (956) 289-1046 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANTHOSH SKARIAH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/09/2010 | Owner Information |
| License # | 013402 | | | | | ODYSSEY PRIMARY HOMECARE INC |
| Lic Expire | 04/30/2018 | | | | | 3224 SOUTH SUGAR ROAD SUITE L |
| Medicare 1: | 747593 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-2600 | Fax | (956) 685-1374 | | | Services: |
| Type: | Parent Agency | Administrator | DALIA MOLINA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/13/2001 | Owner Information |
| License # | 007815 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 12/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (956) 664-0963 | Fax | (956) 664-1013 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY M PEREZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/08/2003 | Owner Information |
| License # | 008584 | | | | | PALM VALLEY HEALTH CARE II INC |
| Lic Expire | 08/31/2019 | | | | | 119E CANTON |
| Medicare 1: | 679465 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 994-3200 | Fax | (956) 994-3231 | | | Services: |
| Type: | Parent Agency | Administrator | HORACIO CANALES III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/02/1997 | Owner Information |
| License # | 005158 | | | | | PALM VALLEY HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 209 E CANTON SUITE B |
| Medicare 1: | 459167 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 292-0900 | Fax | (956) 292-0918 | | | Services: |
| Type: | Parent Agency | Administrator | ROXANNA CANALES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/14/2005 | Owner Information |
| License # | 010192 | | | | | PALM VALLEY HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 209 E CANTON SUITE B |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 292-0920 | Fax | (956) 292-0923 | | | Services: |
| Type: | Parent Agency | Administrator | CLAUDIA NAVAS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/29/2017 | Owner Information |
| License # | 018284 | | | | | PROVIDERS PLUS SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 4751 S JACKSON RD STE 108 |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 888-0098 | Fax | (956) 517-2021 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA GONZALEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/09/2017 | Owner Information |
| License # | 017950 | | | | | PURA VIDA PHC LLC |
| Lic Expire | 03/31/2019 | | | | | 108 N JACKSON RD STE 13 |
| Medicare 1: | | | | | | EDINBURG, TX 78541 |
| Medicare 2: | | | | | | |
| Phone | (956) 720-0216 | Fax | (866) 344-2377 | | | Services: |
| Type: | Parent Agency | Administrator | DAISY ZAMORA | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/15/2012 | Owner Information |
| License # | 009621 | | | | | RESOURCE CARE CORPORATION |
| Lic Expire | 07/31/2018 | | | | | 7211 REGENCY SQUARE #116 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 972-9090 | Fax | (713) 780-3508 | | | Services: |
| Type: | Branch Agency | Administrator | ROSE NWABUISI | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 03/13/2012 | <u>Owner Information</u> |
| License # | 007241 | | | | | RESOURCE HOME HEALTH SERVICES |
| Lic Expire | 08/31/2018 | | | | | 4847 S. JACKSON K & L |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (713) 981-4389 | Fax | (832) 252-8119 | | | Services: |
| Type: | Branch Agency | Administrator | ROSE NWABUIJI | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/29/2006 | <u>Owner Information</u> |
| License # | 009828 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 02/28/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (512) 707-1070 | Fax | (512) 707-1722 | | | Services: |
| Type: | Branch Agency | Administrator | KIMBERLY ELLEN MOYER | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/28/2010 | <u>Owner Information</u> |
| License # | 013499 | | | | | REYNA HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 121 S 21ST AVENUE |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 383-0162 | Fax | (956) 287-8144 | | | Services: |
| Type: | Parent Agency | Administrator | ODILIA SALINAS | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/08/2008 | <u>Owner Information</u> |
| License # | 012146 | | | | | RIO GRANDE VALLEY HOME HEALTH LLC |
| Lic Expire | 08/31/2019 | | | | | 2217 JEREMIAH ST |
| Medicare 1: | 747256 | | | | | EDINBURG, TX 78542 |
| Medicare 2: | | | | | | |
| Phone | (956) 961-9434 | Fax | (956) 287-4026 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR GONZALEZ | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | ST JUDE HOME HEALTH |
| Lic Expire | | | | | | 2526 WEST FREDDY GONZALEZ |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 683-0017 | Fax | (956) 630-2573 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA C. ALAMIA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/21/2017 | <u>Owner Information</u> |
| License # | 018333 | | | | | IKON EHEALTH SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 3516 W MILE 17 1/2 RD |
| Medicare 1: | | | | | | EDINBURG, TX 78541 |
| Medicare 2: | | | | | | |
| Phone | (956) 216-6010 | Fax | (956) 513-0349 | | | Services: |
| Type: | Parent Agency | Administrator | RAFAEL ALVAREZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/30/1999 | <u>Owner Information</u> |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 686-7119 | Fax | (956) 686-8198 | | | Services: |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/02/2002 | <u>Owner Information</u> |
| License # | 007921 | | | | | TRANS ATLANTIC HOME HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 2533 WEST TRENTON ROAD SUITE A8 |
| Medicare 1: | 679351 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 971-0088 | Fax | (956) 971-0090 | | | Services: |
| Type: | Parent Agency | Administrator | CELIA T OJEGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 02/15/2006 | Owner Information |
| License # | 010293 | | | | | VERGE HOME CARE LLC |
| Lic Expire | 02/29/2020 | | | | | 4622 S CLOSNER BLVD |
| Medicare 1: | 679567 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-7575 | Fax | (956) 287-7979 | | | Services: |
| Type: | Parent Agency | Administrator | SEDAT NECIPOGLU | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/05/2014 | Owner Information |
| License # | 016413 | | A & E | | | ARMANDO RENE LAYTON |
| Lic Expire | 09/30/2018 | | 121 WILSON AVE | | | PO BOX 1062 |
| Medicare 1: | | | ELSA, TX 78543 | | | ELSA, TX 78543 |
| Medicare 2: | | | | | | |
| Phone | (956) 262-9390 | Fax | (956) 567-2320 | | | Services: |
| Type: | Parent Agency | Administrator | ARMANDO RENE LAYTON | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/17/2017 | Owner Information |
| License # | 017859 | | CARING HANDS PROVIDER SERVICES LLC | | | CARING HANDS PROVIDER SERVICES LLC |
| Lic Expire | 01/31/2019 | | 207 W. EDINBURG AVE SUITE C | | | PO BOX 65 |
| Medicare 1: | | | ELSA, TX 78543 | | | ELSA, TX 78543 |
| Medicare 2: | | | | | | |
| Phone | (956) 567-2245 | Fax | (956) 567-2280 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ELENA MENDOZA | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/19/2016 | Owner Information |
| License # | 017635 | | MI PROVIDER | | | AEMS ENTERPRISES, LLC |
| Lic Expire | 09/30/2018 | | 720 E EDINBURG AVENUE SUITE 1006 | | | PO BOX 2338 |
| Medicare 1: | | | ELSA, TX 78543 | | | ELSA, TX 78543 |
| Medicare 2: | | | | | | |
| Phone | (956) 929-6961 | Fax | (956) 567-2531 | | | Services: |
| Type: | Parent Agency | Administrator | BLANCA LOPEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/15/2016 | Owner Information |
| License # | 017741 | | NYSSA'S HOME HEALTH THERAPY SERVICES | | | NYSSA'S PROVIDER SERVICES LLC |
| Lic Expire | 11/30/2018 | | 207 W EDINBURG AVENUE STE C | | | 207 W EDINBURG AVENUE STE C |
| Medicare 1: | | | ELSA, TX 78543 | | | ELSA, TX 78543 |
| Medicare 2: | | | | | | |
| Phone | (956) 567-2245 | Fax | (956) 567-2280 | | | Services: |
| Type: | Parent Agency | Administrator | CANDIDA CAMARILLO | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/26/2017 | Owner Information |
| License # | 017876 | | EXCEL PRIMARY HOME CARE LLC | | | EXCEL PRIMARY HOME CARE LLC |
| Lic Expire | 01/31/2019 | | 29149 FM 493 | | | PO BOX 235 |
| Medicare 1: | | | HARGILL, TX 78549 | | | HARGILL, TX 78549 |
| Medicare 2: | | | | | | |
| Phone | (956) 845-6152 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MARIA A. HERNANDEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/23/2010 | Owner Information |
| License # | 013572 | | ABBA HOME CARE | | | RGBGM GROUP LLC |
| Lic Expire | 09/30/2018 | | 2810 FRESNO AVE | | | PO BOX 8465 |
| Medicare 1: | | | HIDALGO, TX 78557 | | | HIDALGO, TX 78557 |
| Medicare 2: | | | | | | |
| Phone | (956) 843-9074 | Fax | (956) 627-3572 | | | Services: |
| Type: | Parent Agency | Administrator | BLANCA MENDEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/13/2017 | Owner Information |
| License # | 018507 | | LAS GOLONDRINAS PRIMARY HOME CARE LLC | | | LAS GOLONDRINAS PRIMARY HOME CARE LLC |
| Lic Expire | 12/31/2019 | | 2500 DICKER RD STE D | | | 2500 DICKER ROAD SUITE D |
| Medicare 1: | | | HIDALGO, TX 78557 | | | HIDALGO, TX 78557 |
| Medicare 2: | | | | | | |
| Phone | (956) 689-5490 | Fax | (956) 435-0186 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY ANAYA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 04/07/2017 | <u>Owner Information</u> |
| License # | 017990 | | | | | VICTOR MANUEL VILLANUEVA |
| Lic Expire | 04/30/2019 | | | | | 3105 TAMPICO STREET |
| Medicare 1: | | | | | | HIDALGO, TX 78557 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-6297 | Fax | (956) 627-2404 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR M VILLANUEVA | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/04/2005 | <u>Owner Information</u> |
| License # | 010100 | | | | | ANGELICAL HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 730 E EXPRESSWAY 83 STE 9 |
| Medicare 1: | 677881 | | | | | LA JOYA, TX 78560 |
| Medicare 2: | | | | | | |
| Phone | (956) 581-1251 | Fax | (956) 581-4859 | | | Services: |
| Type: | Parent Agency | Administrator | BLANCA L. GONZALEZ | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/05/2016 | <u>Owner Information</u> |
| License # | 017557 | | | | | EL DIAMANTE PHC LLC |
| Lic Expire | 08/31/2018 | | | | | 405 LOMA BLANCA STREET |
| Medicare 1: | | | | | | LA JOYA, TX 78560 |
| Medicare 2: | | | | | | |
| Phone | (956) 519-4509 | Fax | (956) 519-4531 | | | Services: |
| Type: | Parent Agency | Administrator | IMA L. VELOZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/04/2018 | <u>Owner Information</u> |
| License # | 018544 | | | | | MI RANCHITO PHC LLC |
| Lic Expire | 01/31/2020 | | | | | P O BOX 2003 |
| Medicare 1: | | | | | | LA JOYA, TX 78560 |
| Medicare 2: | | | | | | |
| Phone | (956) 453-6371 | Fax | (956) 519-8887 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA MONTEMAYOR | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/21/2013 | <u>Owner Information</u> |
| License # | 015821 | | | | | RGV ANGELS OF CARE HOME HEALTH |
| Lic Expire | 10/31/2019 | | | | | 848 E EXPRESSWAY 83 SUITE 2 |
| Medicare 1: | 747959 | | | | | LA JOYA, TX 78560 |
| Medicare 2: | | | | | | |
| Phone | (956) 585-2466 | Fax | (956) 585-2395 | | | Services: |
| Type: | Parent Agency | Administrator | DIEGO QUIJANO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/17/2015 | <u>Owner Information</u> |
| License # | 016926 | | | | | SISTERS & BROTHERS AT HOME, LLC |
| Lic Expire | 07/31/2019 | | | | | 405 LOMA BLANCA STREET |
| Medicare 1: | | | | | | LA JOYA, TX 78560 |
| Medicare 2: | | | | | | |
| Phone | (956) 424-3646 | Fax | (956) 580-2311 | | | Services: |
| Type: | Parent Agency | Administrator | IRMA L. VELOZ | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/26/2015 | <u>Owner Information</u> |
| License # | 016704 | | | | | AMISTAD PHC SERVICES |
| Lic Expire | 03/31/2019 | | | | | 4814 N 11TH STREET SUITE D |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-3970 | Fax | (956) 627-3975 | | | Services: |
| Type: | Parent Agency | Administrator | SILVIA M GOMEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/14/2006 | <u>Owner Information</u> |
| License # | 010285 | | | | | A NEW HOPE HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | 109 W ESPERANZA |
| Medicare 1: | 679572 | | | | | MISSION, TX 78574 |
| Medicare 2: | | | | | | |
| Phone | (956) 424-3400 | Fax | (956) 424-3772 | | | Services: |
| Type: | Parent Agency | Administrator | ESPERANZA PENA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 11/23/2016 | <u>Owner Information</u> |
| License # | 017758 | | A&B HEALTH CARE | | | A&B HEALTH CARE |
| Lic Expire | 11/30/2018 | | 4313 N. 10TH STREET, SUITE E1 | | | 7508 N 21ST STREET |
| Medicare 1: | | | MCALLEN, TX 78504 | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-2733 | Fax | (956) 627-2734 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JESUS R. LEAL | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/13/2016 | <u>Owner Information</u> |
| License # | 017223 | | ABC PRIMARY HOME CARE SERVICES LLC | | | ABC PRIMARY HOME CARE SERVICES LLC |
| Lic Expire | 01/31/2018 | | 214 N 16TH STREET SUITE 306 | | | 610 W. STARR AVENUE |
| Medicare 1: | | | MCALLEN, TX 78501 | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-0282 | Fax | (956) 627-0358 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALE JEREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/01/2000 | <u>Owner Information</u> |
| License # | 007268 | | ABUNDANT HEALTH CARE AND PERSONAL ASSISTANCE SERVICES | | | ABUNDANT HEALTH CARE INC |
| Lic Expire | 02/28/2019 | | 1305 EAST NOLANA SUITE B & C | | | 1305 EAST NOLANA SUITE B & C |
| Medicare 1: | | | MCALLEN, TX 78504 | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 631-0012 | Fax | (956) 631-0054 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID RUTLEDGE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/01/1999 | <u>Owner Information</u> |
| License # | 007025 | | ABUNDANT HEALTH CARE SERVICES | | | ABUNDANT HEALTH CARE INC |
| Lic Expire | 12/31/2017 | | 1305 EAST NOLANA SUITE B & C | | | 1305 EAST NOLANA SUITE B & C |
| Medicare 1: | 459311 | | MCALLEN, TX 78504 | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 631-0012 | Fax | (956) 631-0054 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID RUTLEDGE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/21/2016 | <u>Owner Information</u> |
| License # | 017643 | | ALAS DE AMOR PHC INC | | | ALAS DE AMOR PHC INC |
| Lic Expire | 09/30/2018 | | 407 W NOLANA AVE SUITE 7 | | | 407 W NOLANA AVE SUITE 7 |
| Medicare 1: | | | MCALLEN, TX 78504 | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 800-1698 | Fax | (956) 800-1690 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARICELA LOPEZ MATOS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/28/2007 | <u>Owner Information</u> |
| License # | 011712 | | ALEGRE HOME HEALTH CARE LLC | | | ALEGRE HOME HEALTH CARE LLC |
| Lic Expire | 11/30/2018 | | 3400 N MCCOLL RD STE B2 | | | 3400 N MCCOLL RD STE B2 |
| Medicare 1: | 747341 | | MCALLEN, TX 78501 | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 668-7730 | Fax | (956) 668-7732 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALICIA DE LEON | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/16/2009 | <u>Owner Information</u> |
| License # | 012508 | | ALL GENERATIONS HEALTH CARE INC | | | ALL GENERATIONS HEALTH CARE INC |
| Lic Expire | 03/31/2019 | | 3307 NORTH MCCOLL SUITE E | | | 3307 NORTH MCCOLL ROAD SUITE E |
| Medicare 1: | 747422 | | MCALLEN, TX 78501 | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 928-1001 | Fax | (956) 928-1493 | | | Licensed and Certified Home Health Services, Personal Assistance Services, Hospice, Licensed and Certified Home Health Services with D |
| Type: | Parent Agency | Administrator | NEFTALI GUAJARDO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 10/19/2006 | <u>Owner Information</u> |
| License # | 010852 | | | | | LEGACY HOME CARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 61180 |
| Medicare 1: | 747500 | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | |
| Phone | (956) 584-7444 | Fax | (956) 584-8573 | | | Services: |
| Type: | Parent Agency | Administrator | AMBROSE HERNANDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/08/2009 | <u>Owner Information</u> |
| License # | 012991 | | | | | ONE LAC INC |
| Lic Expire | 09/30/2019 | | | | | 701 E ESPERANZA SUITE A |
| Medicare 1: | 747144 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 631-1022 | Fax | (956) 631-1224 | | | Services: |
| Type: | Parent Agency | Administrator | FRANK MORA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/17/2007 | <u>Owner Information</u> |
| License # | 011598 | | | | | AMANECEER HOME HEALTH CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 7108 N CYNTHIA |
| Medicare 1: | 457971 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 668-8886 | Fax | (956) 971-0090 | | | Services: |
| Type: | Parent Agency | Administrator | CELIA OJEAGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | |
| Lic Expire | | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 686-3010 | Fax | | | | Services: |
| Type: | Branch Agency | Administrator | DEBBIE ROBLES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/18/2016 | <u>Owner Information</u> |
| License # | 017406 | | | | | AMIGOS DEL VALLE HOME HEALTH CARE, INC. |
| Lic Expire | 05/31/2018 | | | | | 1300 N 10TH ST. SUITE #480-B |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 755-7620 | Fax | (956) 800-4741 | | | Services: |
| Type: | Parent Agency | Administrator | NUBIA MARQUEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/01/1997 | <u>Owner Information</u> |
| License # | 005556 | | | | | HJC HOME HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 725 EAST ESPERANZA AVENUE SUITE A |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-2610 | Fax | (956) 627-2613 | | | Services: |
| Type: | Parent Agency | Administrator | IRAIDA HINOJOSA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/04/2017 | <u>Owner Information</u> |
| License # | 017951 | | | | | ASC HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 833 E ESPERANZA AVE |
| Medicare 1: | 679367 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 687-9998 | Fax | (956) 957-9989 | | | Services: |
| Type: | Parent Agency | Administrator | MELODY N CLARKE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/02/2013 | <u>Owner Information</u> |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (855) 313-5795 | Fax | (956) 627-2594 | | | Services: |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 11/18/2015 | <u>Owner Information</u> |
| License # | 017138 | | | | | BK THERAPY SERVICES INC |
| Lic Expire | 11/30/2017 | | | | | 801 EAST FERN AVENUE SUITE 144 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-0902 | Fax | (956) 627-0690 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARIA I. QUINTERO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/31/2018 | <u>Owner Information</u> |
| License # | 018585 | | | | | CAMI COMMUNITY CARE SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 4313 N 10TH ST STE C1 |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 682-0558 | Fax | (956) 682-4530 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ISRAEL MIRELES JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/09/2014 | <u>Owner Information</u> |
| License # | 003165 | | | | | CARING FOR YOU HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 6218 |
| Medicare 1: | | | | | | BROWNSVILLE, TX 78523 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 972-0707 | Fax | (956) 972-0797 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | NOEMI T TORRE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/12/1996 | <u>Owner Information</u> |
| License # | 004452 | | | | | CARING FOR YOU HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 6218 |
| Medicare 1: | 678300 | | | | | BROWNSVILLE, TX 78523 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 972-0707 | Fax | (956) 972-0709 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE M DE LEO JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/01/2001 | <u>Owner Information</u> |
| License # | 007917 | | | | | CARING SENIOR SERVICE OF MCALLEN |
| Lic Expire | 09/30/2019 | | | | | 1321 WEST PECAN BOULEVARD SUITE C |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 687-9494 | Fax | (866) 687-9393 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GENEVIEVE RAMIREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/26/2009 | <u>Owner Information</u> |
| License # | 012683 | | | | | CHARITY HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 1609 NORTH 6TH STREET |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 686-5600 | Fax | (956) 686-7577 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA L MOYA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/20/2008 | <u>Owner Information</u> |
| License # | 012190 | | | | | CMS PRIMARY HOME CARE INC |
| Lic Expire | 08/31/2019 | | | | | 1300 N. 10TH STREET, STE #210 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 424-9897 | Fax | (956) 583-1458 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SANTIAGO MORIN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/22/2013 | <u>Owner Information</u> |
| License # | 015324 | | | | | S.A.B. & ASSOCIATES LLC |
| Lic Expire | 01/31/2019 | | | | | 5521 NORTH MCCOLL ROAD |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 631-1840 | Fax | (956) 631-1859 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VERONICA ANAYA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 09/11/2017 | Owner Information |
| License # | 018308 | | | | | CONTIGO HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 4900 W. EXPRESSWAY 83, STE #233 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 731-0610 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | HAYLEY HUGHES TREVINO | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 12/16/2013 | Owner Information |
| License # | 016022 | | | | | CORAZON HEALTH CARE SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 102 S BROADWAY |
| Medicare 1: | 679587 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 618-9911 | Fax | (956) 618-9913 | | | Services: |
| Type: | Parent Agency | Administrator | FRANK SANDOVAL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/20/2017 | Owner Information |
| License # | 018183 | | | | | CORAZON HOSPICE LLC |
| Lic Expire | 07/31/2019 | | | | | 102 S BROADWAY STE C |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 618-9911 | Fax | (956) 618-9913 | | | Services: |
| Type: | Parent Agency | Administrator | ALECK RIOS | | | Personal Assistance Services, Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 11/14/2016 | Owner Information |
| License # | 017739 | | | | | CRYSTAL PRIMARY CARE, LLC |
| Lic Expire | 11/30/2018 | | | | | 102 S BROADWAY |
| Medicare 1: | | | | | | MC ALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 878-7610 | Fax | (956) 618-9913 | | | Services: |
| Type: | Parent Agency | Administrator | ALECK S RIOS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/24/2016 | Owner Information |
| License # | 017480 | | | | | FUERA INVESTMENT GROUP LLC |
| Lic Expire | 06/30/2018 | | | | | 2216 N 47TH ST |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 928-1811 | Fax | (956) 928-1814 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE G. FUENTES | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/10/2011 | Owner Information |
| License # | 013812 | | | | | DHC DIVINE HEALTH CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 4311 NORTH 10TH STREET SUITE B1 |
| Medicare 1: | 747735 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 563-7509 | Fax | (956) 687-7509 | | | Services: |
| Type: | Parent Agency | Administrator | LISA BLUM | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 05/26/2009 | Owner Information |
| License # | 012619 | | | | | DOLCE VIDA HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 1309 E RIDGE ROAD SUITE 2B |
| Medicare 1: | 747657 | | | | | MCALLEN, TX 78503 |
| Medicare 2: | | | | | | |
| Phone | (956) 630-1231 | Fax | (956) 627-0182 | | | Services: |
| Type: | Parent Agency | Administrator | LORENZO CARRILLO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/09/2007 | Owner Information |
| License # | 011139 | | | | | DULCE ESPERANZA HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2020 | | | | | 3000 N TAYLOR ROAD |
| Medicare 1: | 743106 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 580-2119 | Fax | (956) 580-1119 | | | Services: |
| Type: | Parent Agency | Administrator | NORMA AMALIA TORRES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 06/30/2015 | <u>Owner Information</u> |
| License # | 016886 | | | | | LIZT, INC |
| Lic Expire | 06/30/2019 | | | | | 1418 BEECH AVENUE SUITE 131 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 800-5502 | Fax | (956) 800-5503 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LIZANDRO TIJERINA JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/15/2016 | <u>Owner Information</u> |
| License # | 017463 | | | | | ETERNAL SERENITY HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 705 |
| Medicare 1: | 741650 | | | | | PENITAS, TX 78576 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 213-8610 | Fax | (956) 213-8611 | | | Hospice |
| Type: | Parent Agency | Administrator | ESPERANZA PENA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/21/2001 | <u>Owner Information</u> |
| License # | 008177 | | | | | FRONTLINE HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 1801 SOUTH 5TH STREET SUITE 117A |
| Medicare 1: | 459199 | | | | | MCALLEN, TX 78503 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 664-2659 | Fax | (956) 664-2689 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARCIAL ZAMORA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/21/2013 | <u>Owner Information</u> |
| License # | 015722 | | | | | FIRST CLASS PROVIDER SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 214 N 16TH STREET STE 122 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 821-1273 | Fax | (956) 627-4789 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARIANNA ANTU | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/18/2017 | <u>Owner Information</u> |
| License # | 018006 | | | | | FOREMOST HEALTHCARE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 701 E ESPERANZA AVENUE SUITE B |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 618-3757 | Fax | (956) 686-3420 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FRANCISCO J ESPINOZA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/22/2007 | <u>Owner Information</u> |
| License # | 011179 | | | | | FREEDOM HEALTHCARE INC |
| Lic Expire | 03/31/2020 | | | | | 3800 W XENOPS AVE |
| Medicare 1: | 747029 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 686-9948 | Fax | (956) 686-9949 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELISSA VAN DORN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/17/2017 | <u>Owner Information</u> |
| License # | 018459 | | | | | GENESIS PHC SERVICES LLC |
| Lic Expire | 11/30/2019 | | | | | 3000 N. MCCOLL RD., BLD B, STE #6 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 797-7772 | Fax | (866) 430-1824 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HAROLD ALDAPE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/11/2017 | <u>Owner Information</u> |
| License # | 018498 | | | | | GENTLE ARMS HEALTHCARE SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | 3000 N. MCCOLL ROAD BLD. A, SUITE#3A |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 750-4906 | Fax | (866) 762-6313 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JANIE VARGAS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 03/31/2011 | Owner Information |
| License # | 013995 | | | | | GENUINE HEALTHCARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 3421 WEST ALBERTA SUITE A |
| Medicare 1: | 747702 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 683-6296 | Fax | (956) 271-0637 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LUIS MARIN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/29/2009 | Owner Information |
| License # | 011757 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 682-4864 | Fax | (956) 682-4875 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | GLORIA CRAWFORD | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/24/2003 | Owner Information |
| License # | 008521 | | | | | GMC PHC SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 4106 N 22ND STE 3 |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 664-0608 | Fax | (956) 664-0708 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIBEL MANRIQUE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/10/2011 | Owner Information |
| License # | 013811 | | | | | GOLDEN ANGELS OF HOPE HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 500 E BEAUMONT AVENUE SUITE C |
| Medicare 1: | 747679 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 581-8887 | Fax | (956) 581-8889 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ESPERANZA PENA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/23/2012 | Owner Information |
| License # | 014704 | | | | | GOLDEN YEARS HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 5009 N MCCOLL RD |
| Medicare 1: | 747858 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-4090 | Fax | (956) 627-0773 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTOR BENAVIDES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/13/2009 | Owner Information |
| License # | 013000 | | | | | GRACIA HOSPICE CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 717 EAST ESPERANZA AVENUE |
| Medicare 1: | 671659 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 661-1177 | Fax | (956) 661-1178 | | | Hospice |
| Type: | Parent Agency | Administrator | SENAIDA J MELENDEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/14/2013 | Owner Information |
| License # | 015861 | | | | | HANDS THAT HEAL HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | | | | 801 E FERN STE 148 |
| Medicare 1: | 747298 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 686-9500 | Fax | (956) 686-9511 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ROJELIO CUEVAS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/12/2013 | Owner Information |
| License # | 015364 | | | | | HARBOR HOSPICE OF HARLINGEN LP |
| Lic Expire | 02/28/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 800-4977 | Fax | (956) 800-4979 | | | Hospice |
| Type: | Parent Agency | Administrator | JOHN CHINEKE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 02/12/2013 | <u>Owner Information</u> |
| License # | 015366 | | | | | HARBOR HOSPICE OF MCALLEN LP |
| Lic Expire | 02/28/2019 | | | | | 3406 COLLEGE STREET, SUITE 200 |
| Medicare 1: | 741537 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (956) 800-4977 | Fax | (956) 800-4979 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN CHINEKE | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 02/12/2013 | <u>Owner Information</u> |
| License # | 015365 | | | | | HARBOR HOSPICE OF SOUTH TEXAS LP |
| Lic Expire | 02/28/2017 | | | | | PO BOX 12686 |
| Medicare 1: | | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (956) 800-4977 | Fax | (956) 800-4979 | | | Services: |
| Type: | Parent Agency | Administrator | LARISSA GIRON CALDERON | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 11/26/1990 | <u>Owner Information</u> |
| License # | 002164 | | | | | HEALTH CARE UNLIMITED INC |
| Lic Expire | 11/30/2018 | | | | | 1100 E LAUREL |
| Medicare 1: | 677285 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 994-9911 | Fax | (956) 630-0452 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH RAMON III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/04/2002 | <u>Owner Information</u> |
| License # | 008091 | | | | | MCALLEN HEALTH NETWORK INC |
| Lic Expire | 09/30/2019 | | | | | 306 WEST CAMELLIA AVENUE |
| Medicare 1: | 679232 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 631-7070 | Fax | (956) 631-7001 | | | Services: |
| Type: | Parent Agency | Administrator | BRIAN ROCK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/15/2004 | <u>Owner Information</u> |
| License # | 008864 | | | | | HHN HEALTHCARE LLC |
| Lic Expire | 01/31/2019 | | | | | 900 EAST REDBUD BLDG 17 |
| Medicare 1: | 679476 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 683-8662 | Fax | (956) 683-1484 | | | Services: |
| Type: | Parent Agency | Administrator | GILDA HERR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/16/2017 | <u>Owner Information</u> |
| License # | 018383 | | | | | NISSI THERAPY CENTER OF EDINBURG LLC |
| Lic Expire | 10/31/2019 | | | | | 3511 NORTH WARE RD |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 681-7486 | Fax | (956) 668-7486 | | | Services: |
| Type: | Parent Agency | Administrator | OMAR CONTRERAS | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/17/2017 | <u>Owner Information</u> |
| License # | 017971 | | | | | HOMECARE DIMENSIONS INC |
| Lic Expire | 02/28/2019 | | | | | 12500 NETWORK BLVD SUITE 210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-0557 | Fax | (956) 627-0724 | | | Services: |
| Type: | Branch Agency | Administrator | KATHIE MASTEN | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/31/2006 | <u>Owner Information</u> |
| License # | 010495 | | | | | HOSPITAL AT HOME LLC |
| Lic Expire | 05/31/2018 | | | | | P.O. BOX 5475 |
| Medicare 1: | 679782 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 342-9092 | Fax | (956) 971-0090 | | | Services: |
| Type: | Parent Agency | Administrator | CELIA T OJEGA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/07/1994 | <u>Owner Information</u> |
| License # | 002876 | | | | | IPH HOME HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 1100 E. JASMINE AVE. STE. 201 |
| Medicare 1: | 458032 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 971-0224 | Fax | (956) 971-0298 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA KEITH | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/31/2009 | <u>Owner Information</u> |
| License # | 012935 | | | | | IN MOTION HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | | | | 208 LINDBERG AVENUE |
| Medicare 1: | 747481 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 683-8866 | Fax | (956) 683-1156 | | | Services: |
| Type: | Parent Agency | Administrator | ENEDELIA PRADO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/07/2013 | <u>Owner Information</u> |
| License # | 015290 | | | | | INNOVATIVE IN-HOME PEDIATRIC REHABILITATION INC |
| Lic Expire | 01/31/2019 | | | | | 1300 NORTH 10TH STREET SUITE 330A |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 630-3022 | Fax | (956) 630-0320 | | | Services: |
| Type: | Parent Agency | Administrator | BELINDA RAMIREZ | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/03/2009 | <u>Owner Information</u> |
| License # | 012543 | | | | | IPH HOMECARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 1100 E JASMINE AVE SUITE 203 |
| Medicare 1: | 671573 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 682-4234 | Fax | (956) 631-1677 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA KEITH | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 09/30/1997 | <u>Owner Information</u> |
| License # | 006027 | | | | | IPH PRIMARY HOME CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1100 E. JASMINE AVE SUITE 203 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 971-9732 | Fax | (956) 971-9307 | | | Services: |
| Type: | Parent Agency | Administrator | YVETTE HUERTA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/11/2016 | <u>Owner Information</u> |
| License # | 017449 | | | | | PRIVILEGE CARE LLC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 4277 |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 271-6161 | Fax | (956) 322-4128 | | | Services: |
| Type: | Parent Agency | Administrator | ISELA TREVINO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/10/2008 | <u>Owner Information</u> |
| License # | 012339 | | | | | LIFE TOUCH HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 4307 N 10TH STREET SUITE F-1 |
| Medicare 1: | 747248 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 664-0106 | Fax | (956) 664-0107 | | | Services: |
| Type: | Parent Agency | Administrator | JONSETTA REYNA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/31/2010 | <u>Owner Information</u> |
| License # | 013925 | | | | | LDNJ INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 1445 |
| Medicare 1: | | | | | | EDINBURG, TX 78542 |
| Medicare 2: | | | | | | |
| Phone | (956) 584-9200 | Fax | (956) 584-9205 | | | Services: |
| Type: | Parent Agency | Administrator | DEANNETTE LEE CORTEZ | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 06/03/2005 | Owner Information MANOS DE ORO PHC, INC. 2208 PRIMROSE AVENUE, SUITE # F MCALLEN, TX 78504 |
| License # | 009787 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 679516 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 618-3480 | Fax | (956) 618-3396 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORA ALANIZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/15/2005 | Owner Information MAYA HOME HEALTH INC 2220 GRAYSON AVE MCALLEN, TX 78504 |
| License # | 009913 | | | | | |
| Lic Expire | 08/31/2018 | | | | | |
| Medicare 1: | 677904 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 618-2525 | Fax | (956) 618-2523 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RICARDO A CASTELLON | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/06/2006 | Owner Information MI MEDEX INC 4800 WEST EXPRESSWAY 83 MCALLEN, TX 78501 |
| License # | 010327 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | 743108 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 682-2512 | Fax | (956) 682-2514 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FARUK ILGUN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/15/2011 | Owner Information MI MARANATHA HOME HEALTH INC 2041 ORCHID AVENUE SUITE 5 MCALLEN, TX 78504 |
| License # | 014042 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | 747920 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 683-6219 | Fax | (956) 287-3776 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MIREYA G SOTELO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/21/2016 | Owner Information MILESTONES THERAPEUTIC ASSOCIATES 7001 N 10TH STREET SUITE 303 MCALLEN, TX 78504 |
| License # | 017810 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 994-9650 | Fax | (844) 274-0941 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VALERIE NEVAREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/21/2017 | Owner Information MIS ABRAZOS HOMECARE LLC 3000 N. MCCOLL ROAD, BLD A, STE#3C MCALLEN, TX 78501 |
| License # | 018462 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 772-3075 | Fax | (866) 762-6313 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | HAROLD ALDAPE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/02/1996 | Owner Information NEW ERA MEDICAL SERVICES INC PO BOX 3181 MCALLEN, TX 78502 |
| License # | 004670 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 678436 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 928-0609 | Fax | (956) 928-0619 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EVA FLORES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/22/1992 | Owner Information AMS A MEDICAL SERVICE INC PO BOX 338 MCALLEN, TX 78505 |
| License # | 002388 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 677548 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 682-0800 | Fax | (956) 682-1120 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDY SANCHEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/05/1996 | <u>Owner Information</u> |
| License # | 004672 | | | | | NURSES THAT CARE SITTER SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 52562 |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 668-0029 | Fax | (956) 682-6461 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDY SANCHEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/11/2012 | <u>Owner Information</u> |
| License # | 015059 | | | | | ALL JOY HEALTH SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 300 SOUTH 2ND STREET SUITE A-B |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-4990 | Fax | (956) 627-4991 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PAOLA TAMEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/08/2008 | <u>Owner Information</u> |
| License # | 012337 | | | | | TEN LAC INC |
| Lic Expire | 09/30/2018 | | | | | 1320 ORIOLE AVE |
| Medicare 1: | 747404 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 631-8844 | Fax | (956) 631-8855 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA SALAZAR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/26/2010 | <u>Owner Information</u> |
| License # | 013675 | | | | | ONLY LOVE HOSPICE LLC |
| Lic Expire | 10/31/2018 | | | | | 833 EAST ESPERANZA AVENUE SUITE A |
| Medicare 1: | 671687 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 631-8844 | Fax | (956) 631-8855 | | | Hospice |
| Type: | Parent Agency | Administrator | MELODY CLARKE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/25/2009 | <u>Owner Information</u> |
| License # | 012804 | | | | | MI VALLE HEALTH CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 833 E ESPERANZA AVE SUITE A |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 631-7228 | Fax | (956) 631-7885 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA SALAZAR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/22/2008 | <u>Owner Information</u> |
| License # | 012236 | | | | | PAX VILLA INC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 5957 |
| Medicare 1: | 671643 | | | | | MCALLEN, TX 78502 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 686-4414 | Fax | (956) 686-3993 | | | Hospice |
| Type: | Parent Agency | Administrator | SAMUEL ETIENNE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/12/2009 | <u>Owner Information</u> |
| License # | 012598 | | | | | PAZ HOME HEALTH LLC |
| Lic Expire | 03/31/2019 | | | | | 205 EAST EXPRESSWAY 83 |
| Medicare 1: | 679579 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 781-8445 | Fax | (956) 781-8448 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANESSA ARREDONDO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/21/2011 | <u>Owner Information</u> |
| License # | 014480 | | | | | PAZ HOME HEALTH-II, LLC |
| Lic Expire | 11/30/2019 | | | | | 1300 N 10TH ST ST 410 |
| Medicare 1: | 747945 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-0937 | Fax | (956) 627-0740 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAYANA BERMEA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 02/13/2007 | Owner Information |
| License # | 011071 | | | | | VOLVER A CASA HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 1801 S 5TH STREET SUITE 117A |
| Medicare 1: | 679795 | | | | | MCALLEN, TX 78503 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 929-1204 | Fax | (956) 627-1386 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE L FLORES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/08/2017 | Owner Information |
| License # | 018100 | | | | | PRECIOUS LIFE HOME HEALTH INC |
| Lic Expire | 02/28/2019 | | | | | 1701 QUAMASIA AVE |
| Medicare 1: | 747189 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 683-8050 | Fax | (866) 309-3196 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OMAR GOMEZ GONZALEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/10/2004 | Owner Information |
| License # | 009247 | | | | | PRESIDENTE HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | 405 N MAIN STREET SUITE 1 |
| Medicare 1: | 673101 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 687-6760 | Fax | (956) 687-6763 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROMEO VALLADARES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/13/2012 | Owner Information |
| License # | 015001 | | | | | POLICARPIO ENTERPRISES LLC |
| Lic Expire | 08/31/2018 | | | | | 801 EAST NOLANA AVENUE SUITE 10 |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 664-9889 | Fax | (956) 664-9879 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALMA R POLICARPIO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/13/2013 | Owner Information |
| License # | 015428 | | | | | PROSPERITY HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 4678 |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 664-9300 | Fax | (956) 627-2933 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA F RODRIGUEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/27/2007 | Owner Information |
| License # | 011303 | | | | | PEDIATRIC SERVICES OF AMERICA INC |
| Lic Expire | 02/29/2020 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | 458339 | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 972-1920 | Fax | (956) 972-0339 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MARIVEL ARMENDARIZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/10/2010 | Owner Information |
| License # | 013524 | | | | | RIO GRANDE VALLEY REHAB PLUS OUTPATIENT THERAPY SERVICES LP |
| Lic Expire | 08/31/2018 | | | | | 232 LINDBERG AVENUE |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 994-0011 | Fax | (956) 994-0449 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOE A. GRANADOS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/23/2012 | Owner Information |
| License # | 014942 | | | | | THERAPEUTIC REHABILITATIVE CENTER LLC |
| Lic Expire | 07/31/2018 | | | | | 733 N WARE RD |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 664-2525 | Fax | (956) 664-1145 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOSE ARTURO GARZA JR | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 06/09/2011 | Owner Information |
| License # | 014151 | | | | | RENAISSANCE HOSPICE & PALLIATIVE CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 304 LINDBURG AVENUE |
| Medicare 1: | 671788 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 682-0500 | Fax | (956) 682-0508 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA RODRIGUEZ | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 11/23/2015 | Owner Information |
| License # | 017317 | | | | | RE-NU HOME HEALTH SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 4829 |
| Medicare 1: | 747406 | | | | | MISSION, TX 78573 |
| Medicare 2: | | | | | | |
| Phone | (956) 213-8610 | Fax | (956) 213-8611 | | | Services: |
| Type: | Parent Agency | Administrator | ESPERANZA PENA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 08/22/2012 | Owner Information |
| License # | 015027 | | | | | RGV REHAB NORTH LLC |
| Lic Expire | 08/31/2018 | | | | | 4605 NORTH JACKSON ROAD |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 631-3209 | Fax | (956) 630-4209 | | | Services: |
| Type: | Parent Agency | Administrator | VELMA R ESPARZA | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/20/2017 | Owner Information |
| License # | 018332 | | | | | RGV VITAL CONNECTIONS LLC |
| Lic Expire | 09/30/2019 | | | | | 6316 N 10TH STREET SUITE C2 |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 433-2254 | Fax | (956) 668-1015 | | | Services: |
| Type: | Parent Agency | Administrator | ROLANDO GUERRA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/03/2006 | Owner Information |
| License # | 010777 | | | | | RENAISSANCE NURSING SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 1300 N 10TH ST STE #320 |
| Medicare 1: | 457879 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 686-9625 | Fax | (956) 686-9675 | | | Services: |
| Type: | Parent Agency | Administrator | MARITZA PENA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/17/2007 | Owner Information |
| License # | 011811 | | | | | ROCK BRIDGE HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2019 | | | | | 901 E REDBUD SUITE 8B |
| Medicare 1: | 679507 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-9991 | Fax | (844) 640-2809 | | | Services: |
| Type: | Parent Agency | Administrator | ROXANNA CANALES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/04/2007 | Owner Information |
| License # | 010616 | | | | | SAINT BENEDICTS HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 424 E MAIN |
| Medicare 1: | | | | | | ROBSTOWN, TX 78380 |
| Medicare 2: | | | | | | |
| Phone | (956) 630-5896 | Fax | (956) 630-5962 | | | Services: |
| Type: | Branch Agency | Administrator | BRENDA RAMON | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/17/2012 | Owner Information |
| License # | 014935 | | | | | SANTA FE PHC LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 658 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 351-5905 | Fax | (956) 351-5974 | | | Services: |
| Type: | Parent Agency | Administrator | EVA S GUERRA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 01/06/2009 | Owner Information |
| License # | 012384 | | | | | SELAH HOSPICE CARE, INC. |
| Lic Expire | 01/31/2019 | | | | | PO BOX 4034 |
| Medicare 1: | 671634 | | | | | MCALLEN, TX 78502 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 803-0895 | Fax | (800) 517-4764 | | | Hospice |
| Type: | Parent Agency | Administrator | DULCE MORTERA-CONDE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/16/2016 | Owner Information |
| License # | 017772 | | | | | AB FINANCIAL INVESTMENTS, LLC |
| Lic Expire | 03/31/2018 | | | | | 211 S COMMERCE ST |
| Medicare 1: | 747462 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 364-0078 | Fax | (956) 364-2472 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IRENE TREVINO KRETZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/14/2005 | Owner Information |
| License # | 010054 | | | | | ST ANTHONYS HOME HEALTHCARE SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 3825 N 10TH ST SUITE A |
| Medicare 1: | 457996 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 994-8766 | Fax | (956) 994-8762 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MARITZA FRANCO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/25/2017 | Owner Information |
| License # | 017874 | | | | | FERNANDEZ GONZALEZ ASOCIADOS, LLC |
| Lic Expire | 01/31/2019 | | | | | 1108 E KIKA DE LA GARZA |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 369-9005 | Fax | (956) 519-9783 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LEOBARDO L. GARCIA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/19/2005 | Owner Information |
| License # | 010061 | | | | | STEPPING STONES HOME CARE SERVICES LTD |
| Lic Expire | 10/31/2018 | | | | | 2215 CORNERSTONE SUITE A |
| Medicare 1: | 679501 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 661-9400 | Fax | (956) 661-9403 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUAN PABLO BENITEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/19/2003 | Owner Information |
| License # | 008604 | | | | | SUNRISE HEALTH CARE SERVICES LTD |
| Lic Expire | 08/31/2019 | | | | | 2516 BUDDY OWENS AVENUE |
| Medicare 1: | 679436 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 682-6717 | Fax | (956) 618-4284 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROSALINA B ESCABARTE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/22/2015 | Owner Information |
| License # | 017044 | | | | | CCJ HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 711 W. NOLANA AVENUE SUITE 102 A/B |
| Medicare 1: | | | | | | HIDALGO, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 683-0777 | Fax | (956) 683-0778 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTIAN ANDERSON | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/13/2014 | Owner Information |
| License # | 016017 | | | | | HEART TO HEART HOME CARE LLC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 4919 |
| Medicare 1: | 677851 | | | | | HIDALGO, TX 78557 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 217-5011 | Fax | (956) 971-9314 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARK LIMON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/04/2007 | <u>Owner Information</u> |
| License # | 011422 | | | | | SUPERIOR HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 453115 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 971-0037 | Fax | (956) 971-0106 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BELINDA JO JUAREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/13/2011 | <u>Owner Information</u> |
| License # | 014420 | | | | | SUPERIOR HOSPICE OF MCALLEN LLC |
| Lic Expire | 10/31/2019 | | | | | 8000 VANTAGE DR. |
| Medicare 1: | 671743 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 878-1636 | Fax | (956) 878-1638 | | | Hospice |
| Type: | Parent Agency | Administrator | BELINDA JUAREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/29/2000 | <u>Owner Information</u> |
| License # | 007356 | | | | | TAYLOR HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 1609 NORTH 6TH |
| Medicare 1: | 679067 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 618-1626 | Fax | (956) 618-0934 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MARIA L MOYA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/20/2004 | <u>Owner Information</u> |
| License # | 008926 | | | | | THANK YOU NURSES LTD |
| Lic Expire | 02/28/2019 | | | | | 5835 CALLAGHAN RD SUITE #102 AND #210 |
| Medicare 1: | 453153 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 682-1581 | Fax | (956) 682-1583 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERI N FLORES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/09/1999 | <u>Owner Information</u> |
| License # | 007068 | | | | | THANK YOU NURSES LTD |
| Lic Expire | 07/31/2019 | | | | | 5835 CALLAGHAN RD SUITE #102 AND #210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 682-1581 | Fax | (956) 682-1583 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERI N FLORES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/08/2016 | <u>Owner Information</u> |
| License # | 017450 | | | | | THERAPY SQUAD LLC |
| Lic Expire | 06/30/2018 | | | | | 616 VIDA SANTA |
| Medicare 1: | | | | | | ALAMO, TX 78516 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 803-0033 | Fax | (956) 683-6448 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JUVENTINO RUIZ JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/09/2013 | <u>Owner Information</u> |
| License # | 015905 | | | | | TREE OF LIFE HOSPICE LLC |
| Lic Expire | 12/31/2019 | | | | | 1609 NORTH 6TH STREET |
| Medicare 1: | 741542 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 994-9602 | Fax | (956) 994-9605 | | | Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | MARIA L MOYA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/20/2009 | <u>Owner Information</u> |
| License # | 012473 | | | | | MCALLEN HEALTH NETWORK II INC |
| Lic Expire | 02/28/2019 | | | | | 929 E ESPERANZA SUITE 25 |
| Medicare 1: | 673125 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 212-8005 | Fax | (956) 631-3810 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SONIA ANCISO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/13/2016 | <u>Owner Information</u> |
| License # | 017624 | | | | | UNIDOS HEALTHCARE LLC |
| Lic Expire | 04/30/2018 | | | | | 315 E DORA RD |
| Medicare 1: | 747866 | | | | | ALAMO, TX 78516 |
| Medicare 2: | | | | | | |
| Phone | (956) 283-1473 | Fax | (956) 283-1470 | | | Services: |
| Type: | Parent Agency | Administrator | LETICIA ZECCA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/10/2015 | <u>Owner Information</u> |
| License # | 016774 | | | | | RIO GRANDE VALLEY PHC/CBA LLC |
| Lic Expire | 02/28/2019 | | | | | 837 E ESPERANZA AVE SUITE C |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 631-4421 | Fax | (956) 631-5540 | | | Services: |
| Type: | Parent Agency | Administrator | MAYTE GARCIA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/11/2016 | <u>Owner Information</u> |
| License # | 017491 | | | | | CLEVELAND HEALTH CARE LLC |
| Lic Expire | 03/31/2018 | | | | | 6316 NORTH 10TH ST UNIT C-2 |
| Medicare 1: | 747114 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 668-1000 | Fax | (956) 668-1015 | | | Services: |
| Type: | Parent Agency | Administrator | ROLANDO GUERRA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/09/2018 | <u>Owner Information</u> |
| License # | 018553 | | | | | VITAL TELEMONTORING LLC |
| Lic Expire | 01/31/2020 | | | | | 328 REDBUD AVE |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 212-8005 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | SONIA ANCISO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/17/2009 | <u>Owner Information</u> |
| License # | 012714 | | | | | WINGS HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 4313 D1 NORTH TENTH STREET |
| Medicare 1: | 747568 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 992-0895 | Fax | (956) 992-8910 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA CASANI VELA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/01/2013 | <u>Owner Information</u> |
| License # | 015723 | | | | | WITH OPEN ARMS HEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | | | | 1300 N 10TH ST STE 305 |
| Medicare 1: | 677981 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 994-9898 | Fax | (956) 994-9873 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTINA GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/27/2006 | <u>Owner Information</u> |
| License # | 010836 | | | | | BIENVENIDOS HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 10806 QUESADA STREET |
| Medicare 1: | 679737 | | | | | MERCEDES, TX 78570 |
| Medicare 2: | | | | | | |
| Phone | (956) 565-0000 | Fax | (956) 565-0700 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ELIZABETH RAMOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/03/2011 | <u>Owner Information</u> |
| License # | 014251 | | | | | HACIENDA HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 2187 MILE 10 N |
| Medicare 1: | 747848 | | | | | MERCEDES, TX 78570 |
| Medicare 2: | | | | | | |
| Phone | (956) 565-1110 | Fax | (956) 565-1116 | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS GARZA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 10/09/2013 | <u>Owner Information</u> |
| License # | 015804 | | | | | HEAVENLY HELPERS HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 710 WEST 2ND STREET |
| Medicare 1: | | | | | | MERCEDES, TX 78570 |
| Medicare 2: | | | | | | |
| Phone | (956) 463-0723 | Fax | (956) 565-6457 | | | Services: |
| Type: | Parent Agency | Administrator | AARON JAMES CAMARGO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/31/2013 | <u>Owner Information</u> |
| License # | 015421 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 01/31/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (956) 565-9228 | Fax | (956) 565-9149 | | | Services: |
| Type: | Parent Agency | Administrator | ADEMAR D. GARZA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/07/2009 | <u>Owner Information</u> |
| License # | 012388 | | | | | MEDSS PRIMARY HOME CARE LLC |
| Lic Expire | 01/31/2019 | | | | | P O BOX 1150 |
| Medicare 1: | | | | | | DONNA, TX 78537 |
| Medicare 2: | | | | | | |
| Phone | (956) 797-9300 | Fax | (956) 797-9400 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ELENA RODRIGUEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/28/2017 | <u>Owner Information</u> |
| License # | 018348 | | | | | QTP II INC |
| Lic Expire | 09/30/2019 | | | | | P. O. BOX 1136 |
| Medicare 1: | | | | | | MERCEDES, TX 78570 |
| Medicare 2: | | | | | | |
| Phone | (956) 825-9551 | Fax | (956) 514-1554 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM LEE HOLMES | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/03/2017 | <u>Owner Information</u> |
| License # | 018224 | | | | | SJ HOSPICE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 1212 GARZA ST |
| Medicare 1: | | | | | | MERCEDES, TX 78570 |
| Medicare 2: | | | | | | |
| Phone | (956) 294-1410 | Fax | (956) 294-1427 | | | Services: |
| Type: | Parent Agency | Administrator | SMIRIAM J LIMON | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 09/06/2012 | <u>Owner Information</u> |
| License # | 015050 | | | | | RIVER HEALTHCARE II LLC |
| Lic Expire | 09/30/2018 | | | | | 5006 EAST EXPRESSWAY 83 |
| Medicare 1: | | | | | | MERCEDES, TX 78570 |
| Medicare 2: | | | | | | |
| Phone | (956) 565-9636 | Fax | (956) 565-9686 | | | Services: |
| Type: | Parent Agency | Administrator | MATEO DIAZ IV | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/12/2010 | <u>Owner Information</u> |
| License # | 013106 | | | | | ADORE PRIMARY HOME CARE INC |
| Lic Expire | 02/29/2020 | | | | | 105 PALMVIEW DRIVE SUITE C |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 581-1600 | Fax | (956) 581-2181 | | | Services: |
| Type: | Parent Agency | Administrator | ARABEL LEAL | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/30/2007 | <u>Owner Information</u> |
| License # | 011206 | | | | | AIMA HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | P O BOX 3360 |
| Medicare 1: | 747059 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 580-2552 | Fax | (956) 580-2585 | | | Services: |
| Type: | Parent Agency | Administrator | IRENE U EROMOSELE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 05/01/2014 | Owner Information HEALTH COM MANAGEMENT LLC 116 WEST TOM LANDRY MISSION, TX 78572 |
| License # | 016284 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | 679530 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 519-4646 | Fax | (956) 519-3811 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARLA DALINDA MUNOZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/01/2015 | Owner Information AMADO HEALTH CARE LLC 2020 EAST GRIFFIN PARKWAY MISSION, TX 78572 |
| License # | 017196 | | | | | |
| Lic Expire | 09/30/2019 | | | | | |
| Medicare 1: | 679599 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 583-0807 | Fax | (956) 583-0977 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ERNESTO GARCIA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/18/2015 | Owner Information AMANECEER PRIMARY HOME CARE LLC 2017 E GRIFFIN PKWY MISSION, TX 78574 |
| License # | 017403 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 583-0303 | Fax | (956) 583-0382 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | YURIDIA ALVAREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/07/2011 | Owner Information AMORES PRIMARY HOME CARE LLC 513 E 9TH STREET SUITE B MISSION, TX 78572 |
| License # | 013867 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 598-5440 | Fax | (956) 598-5612 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA ELENA GUTIERREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/05/2004 | Owner Information ANGELITOS HOME HEALTH CARE INC 704 E GRIFFIN PARKWAY SUITE 120 MISSION, TX 78572 |
| License # | 009182 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 453180 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 584-2410 | Fax | (956) 584-8752 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOANNE AGUILAR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/24/1998 | Owner Information ANGELITOS PRIMARY HOME CARE INC 704 E GRIFFIN PKWY SUITE 110 MISSION, TX 78572 |
| License # | 006460 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 581-6242 | Fax | (956) 581-9918 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAN JUANITA E GUAJARDO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/03/1995 | Owner Information ARISE HOME HEALTH CARE INC 215 W 9TH SUITE A MISSION, TX 78572 |
| License # | 004067 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | 678155 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 580-1155 | Fax | (956) 580-7911 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALIA DAVILA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/14/2016 | Owner Information ASSERTIVE HEALTH SERVICES LLC 1022 E GRIFFIN PARKWAY SUITE 106A MISSION, TX 78572 |
| License # | 017738 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 580-9757 | Fax | (956) 580-9977 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RITA D MCDONALD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 08/03/2016 | Owner Information |
| License # | 017553 | | | | | BELLOS MOMENTOS HOMECARE INC |
| Lic Expire | 08/31/2018 | | | | | 4033 N FM 492 |
| Medicare 1: | | | | | | MISSION, TX 78574 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 587-1023 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER L MUNGUIA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/29/2004 | Owner Information |
| License # | 008975 | | | | | RGV ELDER HEALTH SYSTEMS INC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 1136 |
| Medicare 1: | | | | | | MISSION, TX 78573 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 583-0103 | Fax | (956) 583-5120 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BENJAMIN MADRIGALES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/31/2012 | Owner Information |
| License # | 014966 | | | | | BLESSED HOME CARE INC |
| Lic Expire | 07/31/2018 | | | | | 1524 DOHERTY AVENUE |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 515-4030 | Fax | (956) 618-4631 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA ELENA GUTIERREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/29/2017 | Owner Information |
| License # | 012407 | | | | | CARIDAD HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 1713 W GRIFFIN PKWY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 583-0934 | Fax | (866) 802-0209 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ALFREDO VILLARREAL | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/31/2017 | Owner Information |
| License # | 017892 | | | | | MARIA LUISA MENDOZA |
| Lic Expire | 01/31/2019 | | | | | 3635 N FM 492 |
| Medicare 1: | | | | | | MISSION, TX 78574 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 648-0708 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA LUISA MENDOZA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/05/2016 | Owner Information |
| License # | 017460 | | | | | CRITERION HEALTH CARE INC |
| Lic Expire | 04/30/2018 | | | | | 1022 E GRIFFIN PKWY SUITE 106 |
| Medicare 1: | 679179 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 583-4520 | Fax | (956) 583-4521 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MELISSA C. GARCIA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/06/2018 | Owner Information |
| License # | 018595 | | | | | D&D PRIMARY HOME CARE LLC |
| Lic Expire | 02/29/2020 | | | | | 1312 HILL VIEW DR |
| Medicare 1: | | | | | | MISSION, TX |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 897-3970 | Fax | (956) 513-0697 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DILENY M OLIVARES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/03/2009 | Owner Information |
| License # | 012988 | | | | | YBARRA ENTERPRISES INC |
| Lic Expire | 08/31/2019 | | | | | 2805 FOUNTAIN PLAZA BLVD |
| Medicare 1: | 673169 | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 316-6327 | Fax | (956) 381-9660 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ROSA MARIA YBARRA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 09/17/2009 | <u>Owner Information</u> |
| License # | 012860 | | | | | FOCUSING IN HOME CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1001 W BUS 83 SUITE C |
| Medicare 1: | 747615 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 583-9261 | Fax | (956) 583-9267 | | | Services: |
| Type: | Parent Agency | Administrator | ROLANDO SANCHEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/13/2013 | <u>Owner Information</u> |
| License # | 015601 | | | | | GENTLE TOUCH PRIMARY HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 7203 N. BENTSEN PALM DRIVE |
| Medicare 1: | | | | | | MISSION, TX 78574 |
| Medicare 2: | | | | | | |
| Phone | (956) 581-3271 | Fax | (956) 581-3487 | | | Services: |
| Type: | Parent Agency | Administrator | AIDE E SAENZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/15/2012 | <u>Owner Information</u> |
| License # | 015208 | | | | | GOODWILL HEALTHCARE TEAM INC |
| Lic Expire | 11/30/2018 | | | | | 2700-A EAST GRIFFIN PARKWAY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 540-8695 | Fax | (956) 540-8699 | | | Services: |
| Type: | Parent Agency | Administrator | JUDITH A HERNANDEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/20/2006 | <u>Owner Information</u> |
| License # | 010819 | | | | | CSL ENTERPRISES INC |
| Lic Expire | 10/31/2019 | | | | | 2200 E GRIFFIN PARKWAY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 585-0547 | Fax | (956) 600-7473 | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS S LUGO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/26/2006 | <u>Owner Information</u> |
| License # | 010831 | | | | | HIGH POINT HOME HEALTH LP |
| Lic Expire | 10/31/2019 | | | | | 1700 WEST GRIFFIN PARKWAY |
| Medicare 1: | 679752 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 583-8876 | Fax | (956) 580-2356 | | | Services: |
| Type: | Parent Agency | Administrator | OMAR CONTRERAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/28/2015 | <u>Owner Information</u> |
| License # | 016861 | | | | | HEALTH COM MANAGEMENT LLC |
| Lic Expire | 01/31/2019 | | | | | 116 WEST TOM LANDRY |
| Medicare 1: | 679070 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 519-1000 | Fax | (956) 584-1413 | | | Services: |
| Type: | Parent Agency | Administrator | MARLA MUNOZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/05/2009 | <u>Owner Information</u> |
| License # | 012576 | | | | | HOSPICE COMPASSIONATE CARE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 2515-B E GRIFFIN PARKWAY |
| Medicare 1: | 671642 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 581-9450 | Fax | (956) 581-8660 | | | Services: |
| Type: | Parent Agency | Administrator | FERNEY MEDINA | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 07/31/2008 | <u>Owner Information</u> |
| License # | 012126 | | | | | JAL COMMUNITY SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 1005 E 10TH ST STE B1 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 600-7042 | Fax | (956) 391-2345 | | | Services: |
| Type: | Parent Agency | Administrator | MARICELA RIOS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 07/08/2016 | Owner Information |
| License # | 017509 | | | | | J&M GUARDIANS PRIMARY HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 2032 E GRIFFIN PKWY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 424-6080 | Fax | (956) 424-6421 | | | Services: |
| Type: | Parent Agency | Administrator | PEDRO CRUZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/12/1996 | Owner Information |
| License # | 004197 | | | | | KELLYS HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | 2007 N CONWAY SUITE C |
| Medicare 1: | 678225 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 519-8118 | Fax | (956) 584-8572 | | | Services: |
| Type: | Parent Agency | Administrator | JAYNIE CHAPA | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/06/1998 | Owner Information |
| License # | 006524 | | | | | KELLYS PRIMARY CARE INC |
| Lic Expire | 05/31/2019 | | | | | 2007 NORTH CONWAY AVE., SUITE D |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 583-0141 | Fax | (956) 583-0143 | | | Services: |
| Type: | Parent Agency | Administrator | JAYNIE CHAPA | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 017567 | | | | | L & A PRIMARY HOME CARE, LLC |
| Lic Expire | 08/31/2018 | | | | | 3500 MARLA DR |
| Medicare 1: | | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 400-5181 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | AURORA CASTILLO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/01/2007 | Owner Information |
| License # | 011052 | | | | | M & G PRIMARY HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 2700 A GRIFFIN PARKWAY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 618-4620 | Fax | (956) 618-4631 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA CENTENO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/18/2007 | Owner Information |
| License # | 011518 | | | | | MASE'S HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 53-5 N INSPIRATION RD |
| Medicare 1: | 747190 | | | | | MISSION, TX 78573 |
| Medicare 2: | | | | | | |
| Phone | (956) 342-1554 | Fax | (956) 583-1594 | | | Services: |
| Type: | Parent Agency | Administrator | MARGARET MOLINA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/18/2006 | Owner Information |
| License # | 010619 | | | | | MIRASOL HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 710 EAST GRIFFIN PARKWAY #B |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 581-7493 | Fax | (956) 581-2306 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA G BALDERAS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/21/1998 | Owner Information |
| License # | 006581 | | | | | MIRASOL PRIMARY HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 710 E. GRIFFIN PARKWAY SUITE # C |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 581-1351 | Fax | (956) 581-2306 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA G BALDERAS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | HIDALGO | Region | 11 | Date Licensed | 10/30/1998 | <u>Owner Information</u> CON MI GENTE INC 1616 E GRIFFIN PARKWAY, PMB 157 MISSION, TX 78572 |
| License # | 006705 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 519-2600 | Fax | (956) 519-4500 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | DESIREE HAMILTON RN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/29/2011 | <u>Owner Information</u> NUESTRA ESPERANZA PRIMARY HOME CARE LLC 2617 FRANCISCA AVENUE MCALLEN, TX 78503 |
| License # | 014193 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 630-6411 | Fax | (956) 618-4631 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA CENTENO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/26/2016 | <u>Owner Information</u> OTONO DE VIDA LLC 2010 QUAIL LANE MISSION, TX 78572 |
| License # | 017544 | | | | | |
| Lic Expire | 07/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 566-4418 | Fax | | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA CRUZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/02/2016 | <u>Owner Information</u> AMOR D & B LLC 1020 N. CONWAY AVENUE MISSION, TX 78572 |
| License # | 017613 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 583-3330 | Fax | (956) 579-2884 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORMA A. DELGADO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/26/2005 | <u>Owner Information</u> PROFICIENT HOME CARE SOLUTIONS LTD 318 A MILLER AVENUE MISSION, TX 78572 |
| License # | 009987 | | | | | |
| Lic Expire | 09/30/2019 | | | | | |
| Medicare 1: | 677978 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 584-8855 | Fax | (956) 584-8859 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SOPHIA FLORES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/04/2005 | <u>Owner Information</u> DORY CLAUDIA MARQUEZ 4022 N. LOS EBANOS ROAD PALMHURST, TX 78573 |
| License # | 010113 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | 679515 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 581-6969 | Fax | (956) 581-8231 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DORY MARQUEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/29/2016 | <u>Owner Information</u> SINCERELY YOURS PERSONAL HOME CARE LLC 4200 SANTA MARINA STREET MISSION, TX 78572 |
| License # | 017826 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 598-6307 | Fax | (844) 857-1495 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRANDY BARNES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/28/2005 | <u>Owner Information</u> SOUTH TEXAS PERSONAL CARE SERVICE INC 1022 E GRIFFIN PKWY SUITE 106B MISSION, TX 78572 |
| License # | 009720 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (956) 584-7600 | Fax | (956) 584-7604 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | RITA D MCDONALD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 08/01/2008 | <u>Owner Information</u> |
| License # | 012248 | | | | | STEP BY STEP HOME HEALTH CARE |
| Lic Expire | 07/31/2018 | | | | | 2507 SOUTH CAGE BLVD SUITE 100 |
| Medicare 1: | 677980 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 961-4288 | Fax | (956) 961-4314 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BETH A PETERS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/31/2016 | <u>Owner Information</u> |
| License # | 017334 | | | | | SUMMIT RENAL SERVICES LLC |
| Lic Expire | 03/31/2018 | | | | | 1616 E. GRIFFIN PARKWAY SUITE 202 |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 248-6808 | Fax | (956) 627-5655 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | HUGO H. GUTIERREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/18/2017 | <u>Owner Information</u> |
| License # | 018008 | | | | | SUPERIOR HOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 10701 N 103RD ST |
| Medicare 1: | | | | | | MISSION, TX 78573 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 458-7461 | Fax | (956) 424-3030 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AVIGANEHT GARZA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/30/1999 | <u>Owner Information</u> |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-3600 | Fax | (956) 580-2432 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/01/2012 | <u>Owner Information</u> |
| License # | 015101 | | | | | THERA-CHOICE HOMEHEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | 2504 EAST GRIFFIN PARKWAY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-2023 | Fax | (956) 580-2032 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANNIE MARIE C ESGUERRA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/29/2007 | <u>Owner Information</u> |
| License # | 011203 | | | | | TRUEMED HOMECARE INC |
| Lic Expire | 03/31/2018 | | | | | 1708 E GRIFFIN PKWY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 687-3200 | Fax | (956) 687-3203 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ILIANA VELA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/07/2011 | <u>Owner Information</u> |
| License # | 013808 | | | | | UN BUEN AMANECER HOME HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | 2101 S PLEASANTVIEW DRIVE |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 969-1231 | Fax | (956) 973-9046 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE R. GONZALEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/30/2006 | <u>Owner Information</u> |
| License # | 010267 | | | | | TONYROD LLC |
| Lic Expire | 01/31/2020 | | | | | 1800 CYNTHIA LANE |
| Medicare 1: | | | | | | PALMHURST, TX 78573 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 583-8740 | Fax | (956) 581-4053 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GABRIELLA RODRIGUEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 12/03/2010 | Owner Information |
| License # | 013745 | | | | | AMIGOS Y FAMILIA PRIMARY HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 1662 |
| Medicare 1: | | | | | | MISSION, TX 78573 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 424-0060 | Fax | (956) 584-8570 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORMA CHAPA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/10/2004 | Owner Information |
| License # | 009584 | | | | | ANGELS OF MERCY HOME HEALTH LLC |
| Lic Expire | 11/30/2018 | | | | | 1000 E. EXPRESSWAY 83 SUITE 2 |
| Medicare 1: | 679466 | | | | | LA JOYA, TX 78560 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 583-9995 | Fax | (956) 583-1305 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIA C CANALES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/06/2016 | Owner Information |
| License # | 017212 | | | | | APICAL HEALTHCARE INC |
| Lic Expire | 01/31/2018 | | | | | 839 RICARDO AVENUE |
| Medicare 1: | | | | | | PALMVIEW, TX 78574 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 342-4375 | Fax | (956) 391-2339 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CESAR DUQUE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/12/2014 | Owner Information |
| License # | 016417 | | | | | ARBOLEDA HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2018 | | | | | 720 W PALMA VISTA DRIVE STE 7 |
| Medicare 1: | | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 529-5262 | Fax | (956) 529-5263 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA THERESA TIJERINA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/24/2011 | Owner Information |
| License # | 013979 | | | | | DOGWOOD HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 720 WEST PALMA VISTA DRIVE SUITE 5 |
| Medicare 1: | 747762 | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-3957 | Fax | (956) 580-8188 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAVIER MONTELONGO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/16/2007 | Owner Information |
| License # | 011490 | | | | | KSC HOME CARE, LLC |
| Lic Expire | 05/31/2019 | | | | | 1101 W VETERANS BLVD STE A |
| Medicare 1: | 459486 | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 585-7266 | Fax | (956) 585-7388 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NICOLAS JUSTANCE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/06/2016 | Owner Information |
| License # | 017767 | | | | | LOS MILAGROS PHC, LLC |
| Lic Expire | 12/31/2018 | | | | | 810 E VETERANS BLVD # K |
| Medicare 1: | | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 600-9936 | Fax | (956) 599-9027 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENYA MORENO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/02/2018 | Owner Information |
| License # | 018590 | | | | | SANTI HOME CARE LLC |
| Lic Expire | 02/29/2020 | | | | | 403 PALMA VISTA DRIVE SUITE B |
| Medicare 1: | | | | | | PALMVIEW, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 580-6965 | Fax | (956) 580-6972 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARISSA FLORES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 06/02/2017 | <u>Owner Information</u> |
| License # | 018087 | | | | | ECCLEAGE HOME HEALTH LLC |
| Lic Expire | 06/30/2019 | | | | | 220 WEST NOLANA AVENUE |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 232-8000 | Fax | (956) 513-0733 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | IKECHUKWU UMEH | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/19/2006 | <u>Owner Information</u> |
| License # | 010551 | | | | | HEAVENLY HEALTH CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 101 BUENA VISTA STREET SUITE A |
| Medicare 1: | 679656 | | | | | PENITAS, TX 78576 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 585-0059 | Fax | (956) 585-0089 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VALINDA EVETTE ESTRADA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/27/2005 | <u>Owner Information</u> |
| License # | 010212 | | | | | ACE PRIMARY HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | 4313 D1 N 10TH STREET |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 781-7229 | Fax | (956) 781-2588 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANTONIO SALINAS JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/31/1995 | <u>Owner Information</u> |
| License # | 003255 | | | | | ALL VALLEY HOME HEALTH INC |
| Lic Expire | 03/31/2020 | | | | | PO BOX 5367 |
| Medicare 1: | 458416 | | | | | MCALLEN, TX 78502 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 782-9002 | Fax | (956) 782-9888 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELIPE GAZCA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/23/1999 | <u>Owner Information</u> |
| License # | 007171 | | | | | ALL VALLEY PRIMARY HOME CARE INC |
| Lic Expire | 11/30/2019 | | | | | 1910 TESORO BOULEVARD |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 782-9002 | Fax | (956) 782-9888 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELIPE GAZCA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/13/2013 | <u>Owner Information</u> |
| License # | 015917 | | | | | ANGELS ALL AROUND HOME CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 815 BARCELONA AVENUE |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 682-4100 | Fax | (956) 843-9259 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SARAI SOLIS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/13/2011 | <u>Owner Information</u> |
| License # | 014398 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 783-1191 | Fax | (956) 781-5028 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOVIE CANTU | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/19/2013 | <u>Owner Information</u> |
| License # | 015586 | | | | | BASEL MISSION HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 702 W INTERSTATE 2 STE. C |
| Medicare 1: | 679399 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 223-4176 | Fax | (956) 223-4178 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUDITH HERNANDEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/06/2017 | <u>Owner Information</u> |
| License # | 017987 | | | | | BEST HOME HEALTH CARE INCORPORATED |
| Lic Expire | 04/30/2019 | | | | | 8002 W EXPWY 83 STE B |
| Medicare 1: | 747138 | | | | | HARLINGEN, TX 78552 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 230-2805 | Fax | (956) 425-6921 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAYANA BERMEA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/13/2016 | <u>Owner Information</u> |
| License # | 017354 | | | | | CANVI GROUP LLC |
| Lic Expire | 04/30/2018 | | | | | 1511 VALENCIA AVE |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 223-4528 | Fax | (956) 461-0065 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIO CESAR CANTU | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/01/2016 | <u>Owner Information</u> |
| License # | 017675 | | | | | PENSOT INVESTMENTS LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 634 |
| Medicare 1: | 679514 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 702-9933 | Fax | (956) 702-9966 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA L GONZALEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 04/07/2009 | <u>Owner Information</u> |
| License # | 011519 | | | | | MRNG INC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 568 |
| Medicare 1: | | | | | | BENAVIDES, TX 78341 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 664-9199 | Fax | (956) 783-9006 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | IRMA P. GARZA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/12/2012 | <u>Owner Information</u> |
| License # | 015135 | | | | | CREATIONS THERAPY LLC |
| Lic Expire | 10/31/2018 | | | | | 216 EAST INTERSTATE 2 SUITE 2 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 588-4060 | Fax | (877) 797-3584 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHANNON RAE MCLAUGHLIN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/09/2017 | <u>Owner Information</u> |
| License # | 018047 | | | | | MAYRA A DE LEON |
| Lic Expire | 05/31/2019 | | | | | 611 W EAGLE AVENUE |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 720-1027 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELISA LOPEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/17/2017 | <u>Owner Information</u> |
| License # | 018264 | | | | | ENR INVESTMENTS LLC |
| Lic Expire | 08/31/2019 | | | | | 1603 N CAGE BLVD STE 9 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 961-4986 | Fax | (956) 961-4988 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | JESSICA RODRIGUEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/07/2012 | <u>Owner Information</u> |
| License # | 014807 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 510-8777 | Fax | (956) 854-4338 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERTO GONZALEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 09/19/2012 | Owner Information |
| License # | 015072 | | | | | PASOS D AMOR LLC |
| Lic Expire | 09/30/2018 | | | | | 4004 NORTH JACKSON ROAD |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 683-9339 | Fax | (956) 683-9329 | | | Services: |
| Type: | Parent Agency | Administrator | BELINDA DOLLINGER | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/30/2014 | Owner Information |
| License # | 016589 | | | | | GUADALUPE HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | 7801 S CAGE BLVD STE 102 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 783-4900 | Fax | (956) 783-4905 | | | Services: |
| Type: | Parent Agency | Administrator | ERIKA DE LA TORRE | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018290 | | | | | TERCER ASSOCIATES LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 677 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 502-5041 | Fax | (956) 702-9966 | | | Services: |
| Type: | Parent Agency | Administrator | AILEEN PALACIOS | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 05/18/2009 | Owner Information |
| License # | 012825 | | | | | JUANITAS ANGELS HOME HEALTHCARE LLC |
| Lic Expire | 05/31/2019 | | | | | 8004 S CAGE BLVD STE C |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 283-7300 | Fax | (956) 283-7309 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA MARTINEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/08/2017 | Owner Information |
| License # | 017910 | | | | | MAMI ROSA HOMECARE INC. |
| Lic Expire | 02/28/2019 | | | | | 219 S. CAGE SUITE #8 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 961-4669 | Fax | (956) 502-5591 | | | Services: |
| Type: | Parent Agency | Administrator | EDGARDO RODRIGUEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/08/1999 | Owner Information |
| License # | 006960 | | | | | D & R HEALTH CARE PROVIDERS INC |
| Lic Expire | 02/28/2019 | | | | | 702 WEST INTERSTATE 2 SUITE F |
| Medicare 1: | 458060 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-9600 | Fax | (956) 781-9808 | | | Services: |
| Type: | Parent Agency | Administrator | DIANA GUERRA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/20/2014 | Owner Information |
| License # | 016540 | | | | | MILLENNIUM COMFORT HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 2116 E GRIFFIN PARKWAY |
| Medicare 1: | 679681 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | |
| Phone | (956) 583-1500 | Fax | (956) 583-8865 | | | Services: |
| Type: | Parent Agency | Administrator | LUIS MARIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 04/10/2012 | Owner Information |
| License # | 014736 | | | | | MY MORNING STAR ATTENDANT SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 300 EAST NOLANA SUITE D |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-7832 | Fax | (956) 781-7830 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA G. IBARRA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 02/22/2006 | Owner Information |
| License # | 010306 | | | | | MY MORNING STAR HOME CARE INC |
| Lic Expire | 02/28/2019 | | | | | 4325 N 23RD ST STE A |
| Medicare 1: | 679776 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-7827 | Fax | (956) 781-7830 | | | Services: |
| Type: | Parent Agency | Administrator | ESTELA T SOTELO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/16/2015 | Owner Information |
| License # | 017174 | | | | | FREDDYS INVESTMENTS INC |
| Lic Expire | 09/30/2019 | | | | | 301 N. CAGE BLVD SUITE #H |
| Medicare 1: | 677813 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 720-4575 | Fax | (956) 258-5012 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA MARTINEZ | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/26/2006 | Owner Information |
| License # | 010488 | | | | | PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 940 W. NOLANA SUITE C |
| Medicare 1: | 743107 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 702-4466 | Fax | (956) 702-4477 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA BELCHER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/09/2013 | Owner Information |
| License # | 015532 | | | | | REGALCARE HOME HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 702 WEST EXPRESSWAY 83 STE D |
| Medicare 1: | 747949 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-4265 | Fax | (956) 287-4449 | | | Services: |
| Type: | Parent Agency | Administrator | MA CORNELIA GRACIA ZARCO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 11/20/2012 | Owner Information |
| License # | 015219 | | | | | RISAS Y RAYONES HOMECARE SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 6422 SOUTH CAGE BLVD SUITE B |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 475-3681 | Fax | (956) 502-5485 | | | Services: |
| Type: | Parent Agency | Administrator | NOELIA CAVAZOS | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 12/31/2016 | Owner Information |
| License # | 017882 | | | | | SAINT MATTHEW HOME HEALTH CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 2927 S. JACKSON RD. SUITE # D2 & D3 |
| Medicare 1: | 747176 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 994-8989 | Fax | (956) 994-8682 | | | Services: |
| Type: | Parent Agency | Administrator | ESTELA FARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/24/2006 | Owner Information |
| License # | 009340 | | | | | SALDIVAR HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 3531 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (956) 782-7300 | Fax | (956) 782-7310 | | | Services: |
| Type: | Branch Agency | Administrator | SONIA BLEEKER | | | Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 04/03/2003 | Owner Information |
| License # | 007114 | | | | | SALDIVAR COASTAL SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 3504 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (956) 783-8456 | Fax | (956) 783-0967 | | | Services: |
| Type: | Branch Agency | Administrator | MARGOT P SALDIVAR | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 02/25/2015 | <u>Owner Information</u> |
| License # | 016812 | | | | | SAN JOSE HEALTH CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 207 SOUTH CAGE BLVD SUITE A |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-3254 | Fax | (956) 781-3210 | | | Services: |
| Type: | Parent Agency | Administrator | CARMINA LOZANO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/31/2016 | <u>Owner Information</u> |
| License # | 017607 | | | | | OEEL HOSPICE LLC |
| Lic Expire | 08/31/2018 | | | | | 207 S CAGE BLVD STE A |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-3254 | Fax | (956) 781-3210 | | | Services: |
| Type: | Parent Agency | Administrator | ELMA LOZANO | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 10/30/2015 | <u>Owner Information</u> |
| License # | 017287 | | | | | HOSANNA HOSPICE LLC |
| Lic Expire | 10/31/2019 | | | | | 219 S CAGE BLVD SUITE 15 |
| Medicare 1: | 671769 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-9900 | Fax | (956) 781-9901 | | | Services: |
| Type: | Parent Agency | Administrator | FLOR E. LOZANO | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 02/14/2013 | <u>Owner Information</u> |
| License # | 015368 | | | | | UMBRELLA HEALTH CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 115 S CAGE BLVD |
| Medicare 1: | 747946 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 961-4355 | Fax | (956) 467-0718 | | | Services: |
| Type: | Parent Agency | Administrator | EMANUEL I SALDANA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/05/1994 | <u>Owner Information</u> |
| License # | 002770 | | | | | V I P HOME HEALTH CARE INC. |
| Lic Expire | 05/31/2019 | | | | | PO BOX 836 |
| Medicare 1: | 458085 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 787-4800 | Fax | (956) 787-5999 | | | Services: |
| Type: | Parent Agency | Administrator | ISIDORA FARIAS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/05/1998 | <u>Owner Information</u> |
| License # | 006350 | | | | | V I P PROVIDERS INC |
| Lic Expire | 03/31/2019 | | | | | P O BOX 836 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 787-4800 | Fax | (956) 787-5999 | | | Services: |
| Type: | Parent Agency | Administrator | ISIDORA FARIAS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/25/2017 | <u>Owner Information</u> |
| License # | 018476 | | | | | VAMOS HEALTH CARE 1 LTD |
| Lic Expire | 09/30/2019 | | | | | P O BOX 391 |
| Medicare 1: | 679382 | | | | | HIDALGO, TX 78557 |
| Medicare 2: | | | | | | |
| Phone | (956) 971-0981 | Fax | (956) 618-1677 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL K CANO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 08/15/2016 | <u>Owner Information</u> |
| License # | 017673 | | | | | TREBAR INC |
| Lic Expire | 08/31/2018 | | | | | 221 SOUTH CAGE |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 283-9237 | Fax | (956) 283-9238 | | | Services: |
| Type: | Parent Agency | Administrator | ELMA LOZANO | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 12/19/2006 | <u>Owner Information</u> |
| License # | 010951 | | | | | ALEGRIA PRIMARY HOME CARE INC |
| Lic Expire | 12/31/2019 | | | | | 4810 N RAUL LONGORIA STE # 5 |
| Medicare 1: | | | | | | SAN JUAN, TX 78589 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-2844 | Fax | (956) 627-2846 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCISCO JAVIER NINO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/21/2012 | <u>Owner Information</u> |
| License # | 015230 | | | | | AMERICARE NURSING SERVICES PLLC |
| Lic Expire | 05/31/2018 | | | | | 1103 N RAUL LONGORIA ROAD |
| Medicare 1: | 458302 | | | | | SAN JUAN, TX 78589 |
| Medicare 2: | | | | | | |
| Phone | (956) 783-7368 | Fax | (956) 783-7860 | | | Services: |
| Type: | Parent Agency | Administrator | JORGE ARANGO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/30/2017 | <u>Owner Information</u> |
| License # | 018413 | | | | | COMPLETE HOSPICE CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 4514 S. MCCOLL RD., SUITE #1 |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 789-8610 | Fax | (856) 627-2846 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCISCO J NINO | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 02/02/2017 | <u>Owner Information</u> |
| License # | 017898 | | | | | ETERNAL LOVE HEALTH CARE INC |
| Lic Expire | 02/28/2019 | | | | | 1925 W. LINCOLN STREET |
| Medicare 1: | | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | |
| Phone | (956) 332-5409 | Fax | (956) 516-3580 | | | Services: |
| Type: | Parent Agency | Administrator | EVELYN VALLEJO | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 03/24/2015 | <u>Owner Information</u> |
| License # | 016698 | | | | | GPHHT LLC |
| Lic Expire | 03/31/2019 | | | | | 4514 S MCCOLL RD., STE #1 |
| Medicare 1: | | | | | | EDINBURG, TX 78539 |
| Medicare 2: | | | | | | |
| Phone | (956) 627-2844 | Fax | (956) 627-2846 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCISCO J NINO | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 02/26/2009 | <u>Owner Information</u> |
| License # | 012472 | | | | | PPL COMPADRES INC |
| Lic Expire | 02/28/2019 | | | | | 944 WEST NOLANA LOOP SUITE F |
| Medicare 1: | 747861 | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | |
| Phone | (956) 781-3105 | Fax | (956) 781-3108 | | | Services: |
| Type: | Parent Agency | Administrator | JOEL PEREZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/31/2017 | <u>Owner Information</u> |
| License # | 018085 | | | | | HEART OF AN ANGEL PRIMARY HOME CARE AGENCY, LLC |
| Lic Expire | 05/31/2019 | | | | | 303 S LIBERTY LOOP |
| Medicare 1: | | | | | | SAN JUAN, TX 78589 |
| Medicare 2: | | | | | | |
| Phone | (956) 784-5999 | Fax | (956) 784-5999 | | | Services: |
| Type: | Parent Agency | Administrator | JUSTIN RAE GARCIA | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/21/2010 | <u>Owner Information</u> |
| License # | 013666 | | | | | HOLISTIC PERSONAL ASSISTANCE SERVICE LLC |
| Lic Expire | 10/31/2018 | | | | | 107 EAST CIRO DRIVE |
| Medicare 1: | | | | | | SAN JUAN, TX 78589 |
| Medicare 2: | | | | | | |
| Phone | (956) 223-9831 | Fax | (956) 475-3084 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH HERRERA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 04/18/2013 | <u>Owner Information</u> |
| License # | 015487 | | | | | SAN JUAN LIFE SKILLS REHAB @ HOME LLC |
| Lic Expire | 04/30/2019 | | | | | 1110 SOUTH STEWART ROAD SUITE C |
| Medicare 1: | | | | | | SAN JUAN, TX 78589 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 283-7556 | Fax | (956) 283-7557 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHELLY DUFFEY | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/24/2004 | <u>Owner Information</u> |
| License # | 009325 | | | | | LA FUENTE HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 280 |
| Medicare 1: | 677835 | | | | | SULLIVAN CITY, TX 78595 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 485-1190 | Fax | (956) 485-1193 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA Z ALEMAN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/06/2001 | <u>Owner Information</u> |
| License # | 007540 | | | | | LA FUENTE INCORPORATED |
| Lic Expire | 02/28/2019 | | | | | P O BOX 280 |
| Medicare 1: | | | | | | SULLIVAN CITY, TX 78595 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 485-2400 | Fax | (956) 485-1193 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA ALEMAN | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/27/2007 | <u>Owner Information</u> |
| License # | 011505 | | | | | 29 HHA INC |
| Lic Expire | 07/31/2018 | | | | | 260 SOUTH TEXAS BLVD SUITE 300 |
| Medicare 1: | 747060 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-2046 | Fax | (956) 968-0785 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAVIER SEPULVEDA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/22/2004 | <u>Owner Information</u> |
| License # | 009474 | | | | | BPG LLC |
| Lic Expire | 12/31/2018 | | | | | 2900 N TEXAS SUITE 101 |
| Medicare 1: | 457890 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-1803 | Fax | (956) 447-1813 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA N GAMEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 10/14/2016 | <u>Owner Information</u> |
| License # | 017677 | | | | | GRPP LLC |
| Lic Expire | 10/31/2018 | | | | | 200 EAST PIKE BLVD |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-1803 | Fax | (956) 447-1813 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | CYNTHIA GAMEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/07/1998 | <u>Owner Information</u> |
| License # | 006523 | | | | | ADL SERVICES INC |
| Lic Expire | 05/31/2018 | | | | | 512 SOUTH WESTGATE SUITE D AND SUITE E |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 973-2803 | Fax | (956) 969-8236 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | REYNALDO DELGADO JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 09/05/2017 | <u>Owner Information</u> |
| License # | 018296 | | | | | AMEN PROVIDER SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 401 S KANSAS AVE STE D-2 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 854-4429 | Fax | (956) 854-4432 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAMONA C SUAREZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 06/22/2017 | Owner Information |
| License # | 018126 | | | | | AMOR Y AMISTAD PRIMARY HOME CARE, LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 1858 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-0007 | Fax | (956) 517-2021 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANA LOPEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/30/2018 | Owner Information |
| License # | 018582 | | | | | ANGEL WINGS HOSPICE SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 923 W BUSINESS 83 STE B |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 647-5261 | Fax | (956) 351-5313 | | | Hospice |
| Type: | Parent Agency | Administrator | JOSE L CASTILLO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 07/08/2005 | Owner Information |
| License # | 009859 | | | | | BALLI HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 1221 E 10TH STREET SUITE 103 |
| Medicare 1: | 677991 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 969-5729 | Fax | (956) 969-8780 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ERIKA AGUIRRE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017325 | | | | | ALL- TEX HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2017 | | | | | 1003 BECKETT #202 |
| Medicare 1: | 45Q7645001 | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 910-0940 | Fax | (830) 426-8880 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | GUS RIOJAS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/21/2000 | Owner Information |
| License # | 007396 | | | | | CON CARINO PRIMARY HOME CARE |
| Lic Expire | 08/31/2019 | | | | | 311 NORTH TEXAS BLVD |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-4002 | Fax | (956) 447-4062 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | REYNALDO LIMAS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/14/2011 | Owner Information |
| License # | 014524 | | | | | CON ENCANTO HEALTHCARE LLC |
| Lic Expire | 12/31/2017 | | | | | 205 EAST BUSINESS 83 SUITE 109 |
| Medicare 1: | 747802 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 969-4900 | Fax | (956) 969-4907 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | YASMIN ELIZONDO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/02/2010 | Owner Information |
| License # | 013686 | | | | | CV HOME HEALTH LLC |
| Lic Expire | 11/30/2018 | | | | | 1700 E. 28TH STREET SUITE B |
| Medicare 1: | 747919 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 968-7833 | Fax | (956) 854-4090 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FERNANDO LOPEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/01/2004 | Owner Information |
| License # | 009435 | | | | | ODP MANAGEMENT LLC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 267 |
| Medicare 1: | | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 973-9700 | Fax | (956) 973-9788 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BLANCA E GONZALEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 08/13/2003 | <u>Owner Information</u> |
| License # | 008591 | | | | | EL REY PRIMARY HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 110 EAST AGOSTADERO STREET SUITE B |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 968-7100 | Fax | (956) 968-7116 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA A MEAVE | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/04/1997 | <u>Owner Information</u> |
| License # | 005632 | | | | | ACM HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2015 | | | | | P O BOX 8037 |
| Medicare 1: | | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 973-0373 | Fax | (956) 447-0031 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TONY SANCHEZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 01/04/2016 | <u>Owner Information</u> |
| License # | 017201 | | | | | FIVE STAR QUALITY HOME HEALTH INC |
| Lic Expire | 01/31/2018 | | | | | 2409 SOUTH BRIDGE |
| Medicare 1: | 453172 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-1744 | Fax | (956) 447-1749 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUAN JOSE RIVERA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/25/2008 | <u>Owner Information</u> |
| License # | 012125 | | | | | FRIENDS HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 401 S KANSAS AVENUE SUITE D |
| Medicare 1: | 459489 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 854-4424 | Fax | (956) 854-4430 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID SUAREZ | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 05/13/2015 | <u>Owner Information</u> |
| License # | 016802 | | | | | FUNCTIONAL GAINZ THERAPEUTICS LLC |
| Lic Expire | 05/31/2019 | | | | | 2708 BAYLOR AVENUE |
| Medicare 1: | | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 447-4246 | Fax | (956) 973-0707 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FERNANDO CASTELLANO | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/21/2014 | <u>Owner Information</u> |
| License # | 016534 | | | | | GOOD LIFE HOME CARE SERVICES CORPORATION |
| Lic Expire | 11/30/2018 | | | | | 2290 W. PIKE BLVD SUITE 201-A |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 246-4265 | Fax | (866) 434-5616 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ODERA CHIDOKA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/19/2003 | <u>Owner Information</u> |
| License # | 008601 | | | | | HEALING ANGEL HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1787 |
| Medicare 1: | 679430 | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 973-4114 | Fax | (956) 973-4115 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HERLINDA SALAZAR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 11/22/2016 | <u>Owner Information</u> |
| License # | 017755 | | | | | HEAVENLY GRACE OURANIOS, INC |
| Lic Expire | 11/30/2018 | | | | | 620 S TEXAS BLVD STE D |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 854-4386 | Fax | (956) 854-4383 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | ALICIA SAENZ PEREZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 09/13/2017 | Owner Information |
| License # | 018317 | | | | | HEAVENLY STALLIONS PHC LLC |
| Lic Expire | 09/30/2019 | | | | | 1400 N WESTGATE DRIVE SUITE 205 |
| Medicare 1: | | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | |
| Phone | (956) 375-2009 | Fax | (956) 375-2047 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA RODRIGUEZ FLORES | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 01/01/1999 | Owner Information |
| License # | 007074 | | | | | IMS HOME HEALTH CARE INC |
| Lic Expire | 12/31/2018 | | | | | 623 S TEXAS BLVD UNIT- A |
| Medicare 1: | 678299 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 464-9111 | Fax | (956) 464-6611 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA ANN GARDNER | | | Licensed and Certified Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/10/2017 | Owner Information |
| License # | 018048 | | | | | IMS HOSPICE CARE INC |
| Lic Expire | 05/31/2019 | | | | | 623 A S. TEXAS BLVD |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 975-2615 | Fax | (956) 975-2619 | | | Services: |
| Type: | Parent Agency | Administrator | ALICIA RODRIGUEZ | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 08/24/2004 | Owner Information |
| License # | 009264 | | | | | JAL HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 1005 EAST 10TH STREET SUITE B |
| Medicare 1: | 673164 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 969-9886 | Fax | (956) 969-9965 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ALICIA MORENO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/11/2012 | Owner Information |
| License # | 015058 | | | | | RENAISSANCE OUTPATIENT REHAB CENTER LLC - KIDS KORNER HOME TH |
| Lic Expire | 09/30/2018 | | | | | 910 EAST 8TH STREET SUITE 7 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 682-2621 | Fax | (956) 994-3888 | | | Services: |
| Type: | Parent Agency | Administrator | TRAVIS FRENCH | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/07/2014 | Owner Information |
| License # | 016623 | | | | | LIFE HOME HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 1609 DAVENPORT STREET SUITE B |
| Medicare 1: | 747136 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 287-7080 | Fax | (956) 287-7084 | | | Services: |
| Type: | Parent Agency | Administrator | ARTURO RAMOS JR. | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 04/14/2017 | Owner Information |
| License # | 018002 | | | | | LYNNCARE HOSPICE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 1611 DAVENPORT ST STE B |
| Medicare 1: | 741693 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 588-9882 | Fax | (956) 287-7084 | | | Services: |
| Type: | Parent Agency | Administrator | ARTURO RAMOS JR | | | Hospice |
| County | HIDALGO | Region | 11 | Date Licensed | 01/15/2010 | Owner Information |
| License # | 013385 | | | | | MAXIMUM HOME HEALTH LLC |
| Lic Expire | 01/31/2020 | | | | | 1609 E DAVENPORT |
| Medicare 1: | 457985 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 289-1200 | Fax | (956) 289-1221 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERTA L REYES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 06/20/2006 | Owner Information |
| License # | 010559 | | | | | NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2018 | | | | | 1005 E 10TH STREET STE A |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 968-9828 | Fax | (956) 968-9840 | | | Services: |
| Type: | Parent Agency | Administrator | ANA MARIA HERNANDEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 06/03/2009 | Owner Information |
| License # | 012641 | | | | | OUR SACRED HEART HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 1005 E 10TH STREET SUITE A 1 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 969-8100 | Fax | (956) 969-3886 | | | Services: |
| Type: | Parent Agency | Administrator | ANA MARIA HERNANDEZ | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 05/04/2001 | Owner Information |
| License # | 007813 | | | | | PACE HEALTH CARE INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 655 |
| Medicare 1: | 459037 | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | |
| Phone | (956) 447-8886 | Fax | (956) 447-2032 | | | Services: |
| Type: | Parent Agency | Administrator | THELMA M CAVAZOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/17/2009 | Owner Information |
| License # | 012907 | | | | | PAS HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 604 E. 6TH STREET |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 854-4008 | Fax | (956) 854-4003 | | | Services: |
| Type: | Parent Agency | Administrator | SANDY SALINAS | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 09/06/2017 | Owner Information |
| License # | 018298 | | | | | PLATINUM HEARTS HEALTH CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 923 W BUSINESS 83 |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 351-5307 | Fax | (956) 351-5313 | | | Services: |
| Type: | Parent Agency | Administrator | CELINA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/08/2010 | Owner Information |
| License # | 013622 | | | | | PLATINUM PRIMARY CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 1629 CYPRESS DRIVE, STE 3 |
| Medicare 1: | | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | |
| Phone | (956) 968-0969 | Fax | (956) 647-5602 | | | Services: |
| Type: | Parent Agency | Administrator | ERIKA AGUIRRE | | | Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 10/26/2010 | Owner Information |
| License # | 013769 | | | | | PROMESA HOME HEALTH INC |
| Lic Expire | 10/31/2018 | | | | | 4305 N 10 TH STREET SUITE A |
| Medicare 1: | 679680 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 994-0370 | Fax | (956) 994-8737 | | | Services: |
| Type: | Parent Agency | Administrator | SONIA R TORRES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HIDALGO | Region | 11 | Date Licensed | 07/19/2016 | Owner Information |
| License # | 017533 | | | | | PROVISION HOME CARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 203 E BUSINESS 83 STE I |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 854-4518 | Fax | (956) 854-4488 | | | Services: |
| Type: | Parent Agency | Administrator | MARISELA GONZALEZ | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | HIDALGO | Region | 11 | Date Licensed | 01/01/2017 | <u>Owner Information</u> |
| License # | 017986 | | | | | RAPIDO HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | 260 S TEXAS BLVD STE 403 |
| Medicare 1: | 747191 | | | | | WESLACO, TX 78598 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 283-5383 | Fax | (956) 283-5831 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEFFERY WOODS | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 02/01/2007 | <u>Owner Information</u> |
| License # | 011051 | | | | | REGIONAL NURSING SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 1601 DAVENPORT ST |
| Medicare 1: | 747446 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 627-2845 | Fax | (956) 289-1221 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ARTURO RAMOS JR | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/23/1998 | <u>Owner Information</u> |
| License # | 006547 | | | | | GUSTAVO GARCIA |
| Lic Expire | 06/30/2018 | | | | | 413 SOUTH OREGON AVE |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 969-2472 | Fax | (956) 447-2207 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GUSTAVO GARCIA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 06/30/1999 | <u>Owner Information</u> |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 969-3670 | Fax | (956) 968-0384 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 03/28/2016 | <u>Owner Information</u> |
| License # | 017330 | | | | | FLORES & PINEDA LLC |
| Lic Expire | 03/31/2018 | | | | | 3609 EVERGLADE DRIVE |
| Medicare 1: | | | | | | WESLACO, TX 78599 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 261-7672 | Fax | (956) 647-5588 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MARIA L. PINEDA | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 08/03/2017 | <u>Owner Information</u> |
| License # | 018385 | | | | | UNITED HOSPICE CARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 1609 DAVENPORT STREET SUITE C |
| Medicare 1: | 741610 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 520-7054 | Fax | (956) 520-8941 | | | Hospice |
| Type: | Parent Agency | Administrator | ROBERTA REYES | | | |
| County | HIDALGO | Region | 11 | Date Licensed | 12/08/2014 | <u>Owner Information</u> |
| License # | 016553 | | | | | VALLEY FIRST HOSPICE CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 536 SOUTH TEXAS BLVD SUITE 107 |
| Medicare 1: | 741605 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 854-4182 | Fax | (956) 854-4164 | | | Hospice |
| Type: | Parent Agency | Administrator | JUAN ANGEL BRISENO JR | | | |
| County | HILL | Region | 07 | Date Licensed | 01/27/2012 | <u>Owner Information</u> |
| License # | 014989 | | | | | BRIDGEWAY HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 3880 HULEN SUITE #670 |
| Medicare 1: | 45Q8178001 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 582-5735 | Fax | (254) 582-7468 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | DEBORAH ELLIS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|---|
| County | HILL | Region | 07 | Date Licensed | 11/01/2006 | Owner Information |
| License # | 011086 | | | | | ENCOMPASS OF FORT WORTH LP |
| Lic Expire | 10/31/2018 | | | | | 6688 N CENTRAL EXPY SUITE 1300 |
| Medicare 1: | 67Q9167003 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (254) 580-1616 | Fax | (254) 580-1625 | | | Services: |
| Type: | Branch Agency | Administrator | ERIC DENGLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HILL | Region | 07 | Date Licensed | 04/03/2014 | Owner Information |
| License # | 016221 | | | | | UNDERWOOD HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | 14902 PRESTONE ROAD 404-717 |
| Medicare 1: | 679573 | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | |
| Phone | (254) 580-1000 | Fax | (254) 580-1004 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA DEL ROSARIO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Licensed Home Health Services with Dialysis, Personal Assistance Services |
| County | HILL | Region | 07 | Date Licensed | 07/27/2011 | Owner Information |
| License # | 014517 | | | | | OUTREACH HEALTH SERVICES OF NORTH TEXAS LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER ST # 400 |
| Medicare 1: | 457095 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (254) 582-0385 | Fax | (254) 582-0403 | | | Services: |
| Type: | Parent Agency | Administrator | REGINA ROBERTSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HILL | Region | 07 | Date Licensed | 07/11/2016 | Owner Information |
| License # | 002197 | | | | | LEE HEALTHCARE INC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 766 |
| Medicare 1: | | | | | | HAMILTON, TX 76531 |
| Medicare 2: | | | | | | |
| Phone | (254) 582-2702 | Fax | (254) 582-2709 | | | Services: |
| Type: | Branch Agency | Administrator | PAMELA PARSONS | | | Licensed Home Health Services |
| County | HILL | Region | 07 | Date Licensed | 05/31/2012 | Owner Information |
| License # | 014837 | | | | | HEART OF TEXAS DIVINE LIVING ASSISTANCE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 213 S BOSQUE ST |
| Medicare 1: | | | | | | WHITNEY, TX 76692 |
| Medicare 2: | | | | | | |
| Phone | (254) 694-8614 | Fax | (254) 694-9348 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER L KIDD | | | Personal Assistance Services |
| County | HILL | Region | 07 | Date Licensed | 07/29/2014 | Owner Information |
| License # | 016353 | | | | | LAKE WHITNEY OPERATIONS LLC |
| Lic Expire | 07/31/2018 | | | | | P. O BOX 2558 |
| Medicare 1: | 747950 | | | | | WHITNEY, TX 76692 |
| Medicare 2: | | | | | | |
| Phone | (254) 694-1447 | Fax | (254) 694-1425 | | | Services: |
| Type: | Parent Agency | Administrator | MELLISSA BRUCE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HILL | Region | 07 | Date Licensed | 01/11/2012 | Owner Information |
| License # | 007477 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 11/30/2019 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (254) 694-6009 | Fax | (254) 399-8397 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | AUDREY WILLIAMS | | | Hospice |
| County | HOCKLEY | Region | 01 | Date Licensed | 04/14/2005 | Owner Information |
| License # | 009402 | | | | | KINDSTAR INC |
| Lic Expire | 11/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9485002 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (806) 897-1467 | Fax | (806) 897-2828 | | | Services: |
| Type: | Branch Agency | Administrator | DONEISE SCOTT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | HOCKLEY | Region | 01 | Date Licensed | 10/04/2008 | Owner Information |
| License # | 012273 | | | | | CORDOVA BAY LTD |
| Lic Expire | 10/31/2018 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7078001 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 894-2375 | Fax | (806) 894-4743 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON RN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HOCKLEY | Region | 01 | Date Licensed | 11/29/1984 | Owner Information |
| License # | 001599 | | | | | SOUTH PLAINS COMMUNITY ACTION ASSOCIATION INC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 610 |
| Medicare 1: | 457719 | | | | | LEVELLAND, TX 79336 |
| Medicare 2: | | | | | | |
| Phone | (806) 894-7872 | Fax | (806) 894-1621 | | | Services: |
| Type: | Parent Agency | Administrator | LISA KEENAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HOCKLEY | Region | 01 | Date Licensed | 07/09/2007 | Owner Information |
| License # | 007781 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 67Q7566005 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 897-1485 | Fax | (806) 897-1487 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRI LASEMEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HOCKLEY | Region | 01 | Date Licensed | 07/27/2010 | Owner Information |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 897-1490 | Fax | (806) 897-1498 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | Hospice |
| County | HOOD | Region | 03 | Date Licensed | 05/24/2011 | Owner Information |
| License # | 014122 | | | | | COMMUNITY PERSONAL CARE INCORPORATED |
| Lic Expire | 05/31/2019 | | | | | P O BOX 1788 |
| Medicare 1: | | | | | | GRANBURY, TX 76048 |
| Medicare 2: | | | | | | |
| Phone | (817) 579-9305 | Fax | (855) 440-6495 | | | Services: |
| Type: | Parent Agency | Administrator | RONDA YAHN | | | Personal Assistance Services |
| County | HOOD | Region | 03 | Date Licensed | 11/15/2008 | Owner Information |
| License # | 012483 | | | | | ENCOMPASS OF FORT WORTH LP |
| Lic Expire | 11/30/2018 | | | | | 6688 N CENTRAL EXPY SUITE 1300 |
| Medicare 1: | 679021 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (817) 279-1665 | Fax | (817) 279-1689 | | | Services: |
| Type: | Parent Agency | Administrator | ERIC DENGLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HOOD | Region | 03 | Date Licensed | 12/01/2017 | Owner Information |
| License # | 018578 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 11/30/2019 | | | | | 700 NORTH TOWN EAST BLVD., SUITE 159 |
| Medicare 1: | 67Q9113002 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (817) 385-9139 | Fax | (817) 823-5242 | | | Services: |
| Type: | Branch Agency | Administrator | TRACI WOOLFOLK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HOOD | Region | 03 | Date Licensed | 05/01/2017 | Owner Information |
| License # | 018234 | | | | | BV TEXAS HOME CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 983 WHITEHEAD DRIVE SUITE 102 |
| Medicare 1: | | | | | | GRANBURY, TX 76048 |
| Medicare 2: | | | | | | |
| Phone | (682) 205-3366 | Fax | (682) 205-3388 | | | Services: |
| Type: | Parent Agency | Administrator | LORI GONZALEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------|---------------|------------|---|
| County | HOOD | Region | 03 | Date Licensed | 06/01/2006 | Owner Information INTERIM HEALTHCARE OF WEST TEXAS LLC 5224 75 STREET SUITE D LUBBOCK, TX 79424 |
| License # | 010782 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | 679172 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 573-7474 | Fax | (817) 279-0755 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERRY SHELL | | | |
| County | HOOD | Region | 03 | Date Licensed | 08/15/2008 | Owner Information INTEGRACARE OF GRANBURY LLC 12900 FOSTER SUITE #400 OVERLAND PARK, KS 66213 |
| License # | 012166 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 747239 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 573-7830 | Fax | (817) 573-7597 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JODI WITTWER | | | |
| County | HOOD | Region | 03 | Date Licensed | 07/01/2007 | Owner Information INTEGRACARE HOME HEALTH SERVICES INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 |
| License # | 011455 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 67Q8210006 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (888) 596-6776 | Fax | (254) 918-7408 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | |
| County | HOOD | Region | 03 | Date Licensed | 09/26/2012 | Owner Information LIVING CARE GRANBURY LP 146 N COMAL ST STE 220 SEATTLE, WA |
| License # | 015096 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 279-9259 | Fax | (817) 579-7073 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHELLY RASBERRY | | | |
| County | HOOD | Region | 03 | Date Licensed | 02/10/2015 | Owner Information MAXUS HEALTHCARE PARTNERS LLC 1021 WASHINGTON AVE FORT WORTH, TX 76104 |
| License # | 015695 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 279-7990 | Fax | (817) 279-8060 | | | Services: Licensed Home Health Services |
| Type: | Branch Agency | Administrator | PHILIP CRISWELL | | | |
| County | HOOD | Region | 03 | Date Licensed | 06/12/1997 | Owner Information STEPHENS HEALTH CARE INC 711 NORTH GRAHAM STEPHENVILLE, TX 76401 |
| License # | 004548 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | 67Q7624001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 579-9902 | Fax | (817) 579-9915 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ANN STEPHEN | | | |
| County | HOOD | Region | 03 | Date Licensed | 03/11/2014 | Owner Information THE HELP PRIVATE CARE SERVICES INC P.O. BOX 1980 GRANBURY, TX 76048 |
| License # | 016078 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 773-5818 | Fax | (254) 897-3095 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERRY BARNES | | | |
| County | HOOD | Region | 03 | Date Licensed | 07/08/2009 | Owner Information 5M ENTERPRISES LLC 806 PALUXY RD GRANBURY, TX 76048 |
| License # | 012692 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 279-7373 | Fax | (817) 768-7764 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL SHERMAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | HOPKINS | Region | 04 | Date Licensed | 01/31/1995 | <u>Owner Information</u> |
| License # | 002757 | | | | | 1ST CHOICE ENTERPRISES INC |
| Lic Expire | 01/31/2018 | | | | | 101 KINGS PLAZA STE H |
| Medicare 1: | 67Q7789001 | | | | | COMMERCE, TX 75429 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 439-4757 | Fax | (903) 885-6278 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | GREG BREWER | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 07/18/2001 | <u>Owner Information</u> |
| License # | 007685 | | | | | NORTHEAST TEXAS HOME HEALTH AGENCY LTD |
| Lic Expire | 07/31/2018 | | | | | 506 HWY 79 NORTH |
| Medicare 1: | 679076 | | | | | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 885-5606 | Fax | (903) 885-7566 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RHONDA KELLY | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 06/14/2002 | <u>Owner Information</u> |
| License # | 007685 | | | | | NORTHEAST TEXAS HOME HEALTH AGENCY LTD |
| Lic Expire | 07/31/2018 | | | | | 506 HWY 79 NORTH |
| Medicare 1: | 67Q9076001 | | | | | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 577-9877 | Fax | (903) 577-9796 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RHONDA KELLY | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 08/29/2013 | <u>Owner Information</u> |
| License # | 002499 | | | | | CYPRESS BASIN HOSPICE INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 544 |
| Medicare 1: | | | | | | MOUNT PLEASANT, TX 75456 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 951-1194 | Fax | (903) 951-1197 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JOHN R. PEARSON | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 06/21/2013 | <u>Owner Information</u> |
| License # | 015767 | | | | | HEART TO HEART HOSPICE OF EAST TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671591 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 439-1810 | Fax | (903) 439-1840 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | M DEON BEHRMAN | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 08/01/2015 | <u>Owner Information</u> |
| License # | 017040 | | | | | HOPEWELL HOME HEALTHCARE LLC |
| Lic Expire | 07/31/2019 | | | | | 206 W SHANNON RD |
| Medicare 1: | | | | | | SULPHUR SPRINGS, TX 75482 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 439-6030 | Fax | (903) 439-6050 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GERALD A. YOUNG | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 12/01/2012 | <u>Owner Information</u> |
| License # | 015333 | | | | | LEGACY HOSPICE |
| Lic Expire | 11/30/2018 | | | | | PO BOX 131030 |
| Medicare 1: | 451740 | | | | | TYLER, TX 75713 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 335-8901 | Fax | (903) 335-8904 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JOE ALLEN | | | |
| County | HOPKINS | Region | 04 | Date Licensed | 12/01/2012 | <u>Owner Information</u> |
| License # | 015333 | | | | | LEGACY HOSPICE |
| Lic Expire | 11/30/2018 | | | | | PO BOX 131030 |
| Medicare 1: | 451740 | | | | | TYLER, TX 75713 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 335-8901 | Fax | (903) 335-8904 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JOE ALLEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|---|
| County | HOPKINS | Region | 04 | Date Licensed | 01/04/2008 | <u>Owner Information</u> |
| License # | 011792 | | | | | VIBRANT HOME HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 735 JUSTIN ROAD |
| Medicare 1: | 743171 | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 885-3975 | Fax | (903) 885-3978 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | TANYA GRIFFIN | | | |
| County | HOUSTON | Region | 05 | Date Licensed | 08/25/1995 | <u>Owner Information</u> |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 67Q7545001 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 544-3637 | Fax | (936) 544-2621 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | KERRI L GRIFFIN | | | |
| County | HOUSTON | Region | 05 | Date Licensed | 08/06/2003 | <u>Owner Information</u> |
| License # | 003546 | | | | | PERSONAL HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 2000 S ROYALL |
| Medicare 1: | 45Q8433001 | | | | | PALESTINE, TX 75801 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 545-0550 | Fax | (936) 545-0555 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ALETHEA THACKER | | | |
| County | HOUSTON | Region | 05 | Date Licensed | 05/21/2012 | <u>Owner Information</u> |
| License # | 014808 | | | | | TRADITIONS HOSPICE |
| Lic Expire | 05/31/2018 | | | | | P.O BOX 9980 |
| Medicare 1: | 671773 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 545-0320 | Fax | (936) 545-0296 | | | Hospice |
| Type: | Parent Agency | Administrator | JO ANNA MATTHEWS | | | |
| County | HOWARD | Region | 09 | Date Licensed | 06/01/2006 | <u>Owner Information</u> |
| License # | 010706 | | | | | BEST HOME CARE LP |
| Lic Expire | 05/31/2019 | | | | | 6688 NORTH CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 457107 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 264-0044 | Fax | (432) 264-0855 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | HOLLY ATKINS | | | |
| County | HOWARD | Region | 09 | Date Licensed | 06/06/2000 | <u>Owner Information</u> |
| License # | 003840 | | | | | HOME HOSPICE |
| Lic Expire | 03/31/2019 | | | | | 619 N GRANT AVE STE 120 |
| Medicare 1: | 451617 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 264-7599 | Fax | (432) 264-7597 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | AMY DRUMM | | | |
| County | HOWARD | Region | 09 | Date Licensed | 09/05/2012 | <u>Owner Information</u> |
| License # | 015049 | | | | | COMPASS HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 1900 GREGG ST STE C |
| Medicare 1: | 451696 | | | | | BIG SPRING, TX 79720 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 263-5999 | Fax | (432) 263-9998 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | TARA GREEN | | | |
| County | HOWARD | Region | 09 | Date Licensed | 10/24/2001 | <u>Owner Information</u> |
| License # | 007641 | | | | | INHOME CARE INC |
| Lic Expire | 12/31/2019 | | | | | 808 W INDIANA |
| Medicare 1: | 45Q8475001 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (915) 263-3065 | Fax | (432) 263-0773 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MICHAEL EARL WATERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|---|
| County | HOWARD | Region | 09 | Date Licensed | 05/24/2013 | Owner Information PF DEVELOPMENT 16 LLC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 |
| License # | 015634 | | | | | |
| Lic Expire | 05/31/2019 | | | | | |
| Medicare 1: | 453188 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (432) 714-4510 | Fax | (432) 714-4511 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSA CERVANTEZ | | | |
| County | HOWARD | Region | 09 | Date Licensed | 08/04/2004 | Owner Information K & V HEALTH CARE INC P O BOX 422 BIG SPRING, TX 79721 |
| License # | 009234 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (432) 264-9331 | Fax | (432) 268-8886 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | KRISTI BEAUCHAMP | | | |
| County | HUNT | Region | 03 | Date Licensed | 10/04/2016 | Owner Information FORESIGHT HOME HEALTHCARE INC 2102 FRAZIER STREET GREENVILLE, TX 75401 |
| License # | 017663 | | | | | |
| Lic Expire | 10/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 922-4510 | Fax | (469) 547-1982 | | | Services: Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | EZIAKU OLIVER | | | |
| County | HUNT | Region | 03 | Date Licensed | 01/31/1994 | Owner Information 1ST CHOICE ENTERPRISES INC 101 KINGS PLAZA STE H COMMERCE, TX 75429 |
| License # | 002757 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | 677789 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 886-2666 | Fax | (903) 886-3773 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREG BREWER | | | |
| County | HUNT | Region | 03 | Date Licensed | 11/18/2009 | Owner Information HOME HEALTH ASSOCIATES LLC 2104 MONROE STREET SUITE B COMMERCE, TX 75428 |
| License # | 013007 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | 747373 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 886-0612 | Fax | (903) 886-0613 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LISA GOODWIN | | | |
| County | HUNT | Region | 03 | Date Licensed | 03/01/2011 | Owner Information KDC HEALTH CARE PARTNERS LLC 901 N MCDONALD STREET, STE 504 MCKINNEY, TX 75069 |
| License # | 013963 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | 677893 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 388-7900 | Fax | (888) 702-7991 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BRETT CARROLL | | | |
| County | HUNT | Region | 03 | Date Licensed | 10/30/2013 | Owner Information ALTRUIST HOME HEALTH CARE INC 6301 GASTON AVENUE SUITE 610 DALLAS, TX 75214 |
| License # | 012982 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 259-6345 | Fax | (903) 259-6465 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | LALANII WILSON JONES | | | |
| County | HUNT | Region | 03 | Date Licensed | 02/13/2013 | Owner Information ALTUS HOSPICE OF DALLAS LP 4560 BELT LINE SUITE 404 ADDISON, TX 75001 |
| License # | 015727 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 455-8552 | Fax | (903) 455-8772 | | | Services: Hospice |
| Type: | Alternate Delivery Site | Administrator | MICHELLE KENNON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | HUNT | Region | 03 | Date Licensed | 02/05/2004 | <u>Owner Information</u> |
| License # | 009025 | | | | | BANNER HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 104 EAST US HWY 80 SUITE 190 |
| Medicare 1: | 679283 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (972) 552-3060 | Fax | (972) 552-3091 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE HEMBREE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HUNT | Region | 03 | Date Licensed | 09/28/2016 | <u>Owner Information</u> |
| License # | 010472 | | | | | H & H PARTNERS INC |
| Lic Expire | 05/31/2019 | | | | | 1849 LAMAR AVE STE 200 |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 784-3902 | Fax | (903) 783-9102 | | | Services: |
| Type: | Branch Agency | Administrator | DANA PHILLIPS | | | Personal Assistance Services |
| County | HUNT | Region | 03 | Date Licensed | 11/24/2015 | <u>Owner Information</u> |
| License # | 017401 | | | | | VICTORY HOME HEALTH OF TEXAS LLC |
| Lic Expire | 11/30/2019 | | | | | 3900 JOE RAMSEY BLVD BLDG 4 SUITE C |
| Medicare 1: | 679721 | | | | | GREENVILLE, TX 75401 |
| Medicare 2: | | | | | | |
| Phone | (903) 458-9012 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | JIM HOLLOMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HUNT | Region | 03 | Date Licensed | 11/24/2015 | <u>Owner Information</u> |
| License # | 017444 | | | | | VICTORY HOSPICE OF TEXAS LLC |
| Lic Expire | 11/30/2019 | | | | | 3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C |
| Medicare 1: | 671583 | | | | | GREENVILLE, TX 75401 |
| Medicare 2: | | | | | | |
| Phone | (855) 942-3687 | Fax | (855) 942-3687 | | | Services: |
| Type: | Parent Agency | Administrator | JIM HOLLOMAN | | | Hospice |
| County | HUNT | Region | 03 | Date Licensed | 07/14/2017 | <u>Owner Information</u> |
| License # | 012328 | | | | | CORNERSTONE HOSPICE CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 1505 NORTHWEST HIGHWAY |
| Medicare 1: | | | | | | GARLAND, TX 75041 |
| Medicare 2: | | | | | | |
| Phone | (972) 200-7225 | Fax | (888) 997-3370 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DANNY WEEMS | | | Hospice |
| County | HUNT | Region | 03 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | CORNERSTONE HOSPICE CARE LLC |
| Lic Expire | | | | | | 3900 JOE RAMSEY BLVD BLD #10A |
| Medicare 1: | | | | | | GREENVILLE, TX 75401 |
| Medicare 2: | | | | | | |
| Phone | (972) 200-7225 | Fax | (972) 395-1272 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DANNY WEEMS | | | Hospice |
| County | HUNT | Region | 03 | Date Licensed | 12/01/2004 | <u>Owner Information</u> |
| License # | 009527 | | | | | TEXAS SENIOR CARE LP |
| Lic Expire | 11/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 45Q7789001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (903) 259-6817 | Fax | (903) 259-6900 | | | Services: |
| Type: | Branch Agency | Administrator | MICHELLE MIRKOVIC | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HUNT | Region | 03 | Date Licensed | 10/03/2016 | <u>Owner Information</u> |
| License # | 017798 | | | | | FAMILY FIRST HOME HEALTH LLC |
| Lic Expire | 10/31/2018 | | | | | 2824 TERRELL ROAD SUITE 402 |
| Medicare 1: | 747238 | | | | | GREENVILLE, TX 75402 |
| Medicare 2: | | | | | | |
| Phone | (903) 454-3344 | Fax | (903) 454-3345 | | | Services: |
| Type: | Parent Agency | Administrator | KELLY J BULLOCK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | HUNT | Region | 03 | Date Licensed | 01/04/2008 | <u>Owner Information</u> |
| License # | 011796 | | | | | HEALING TOUCH HOMECARE LLC |
| Lic Expire | 01/31/2019 | | | | | 421 HIGHVIEW CIRCLE |
| Medicare 1: | 747052 | | | | | ROYSE CITY, TX 75189 |
| Medicare 2: | | | | | | |
| Phone | (903) 455-8191 | Fax | (903) 455-8103 | | | Services: |
| Type: | Parent Agency | Administrator | MENTORIA B ECHOLS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HUNT | Region | 03 | Date Licensed | 08/04/2004 | <u>Owner Information</u> |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (903) 454-3385 | Fax | (903) 454-3373 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | HUNT | Region | 03 | Date Licensed | 06/29/1993 | <u>Owner Information</u> |
| License # | 002557 | | | | | HUNT MEMORIAL HOSPITAL DISTRICT |
| Lic Expire | 06/30/2018 | | | | | 4215 JOE RAMSEY BLVD |
| Medicare 1: | 677657 | | | | | GREENVILLE, TX 75401 |
| Medicare 2: | | | | | | |
| Phone | (903) 408-1950 | Fax | (903) 408-1969 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA DIANE FRENCH | | | Licensed and Certified Home Health Services |
| County | HUNT | Region | 03 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008269 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 67Q7720001 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 454-3710 | Fax | (903) 454-3511 | | | Services: |
| Type: | Branch Agency | Administrator | BENJAMIN BRADLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | HUNT | Region | 03 | Date Licensed | 07/01/2007 | <u>Owner Information</u> |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210012 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (903) 454-3942 | Fax | (903) 454-2095 | | | Services: |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HUNT | Region | 03 | Date Licensed | 08/29/2002 | <u>Owner Information</u> |
| License # | 008082 | | | | | FAMILY HOSPICE LTD |
| Lic Expire | 08/31/2019 | | | | | 12900 FOSTER STREET SUITE #400 |
| Medicare 1: | 451722 | | | | | OVERLAND, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (903) 454-1107 | Fax | (903) 454-2177 | | | Services: |
| Type: | Parent Agency | Administrator | DARLENE STANFORD | | | Hospice |
| County | HUNT | Region | 03 | Date Licensed | 02/13/2007 | <u>Owner Information</u> |
| License # | 011067 | | | | | GREENVILLE PHYSICIANS CHOICE HOMECARE LLC |
| Lic Expire | 02/28/2018 | | | | | 4315 RIDGECREST DR |
| Medicare 1: | 743127 | | | | | GREENVILLE, TX 75402 |
| Medicare 2: | | | | | | |
| Phone | (903) 455-2619 | Fax | (903) 455-2698 | | | Services: |
| Type: | Parent Agency | Administrator | DELAUNTE CRAWFORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | HUNT | Region | 03 | Date Licensed | 11/19/2010 | <u>Owner Information</u> |
| License # | 006983 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2017 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | 451504 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | |
| Phone | (903) 455-0251 | Fax | (903) 455-8901 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARILYN CONLEY | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | HUNT | Region | 03 | Date Licensed | 12/13/2016 | Owner Information |
| License # | 017784 | | | | | CHRISTIAN FAITH HOMECARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 3504 SPRUCE STREET |
| Medicare 1: | | | | | | ROYSE CITY, TX 75189 |
| Medicare 2: | | | | | | |
| Phone | (214) 843-5403 | Fax | (877) 233-3611 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA P TAYLOR | | | Personal Assistance Services |
| County | HUTCHINSON | Region | 01 | Date Licensed | 12/03/2014 | Owner Information |
| License # | 016804 | | | | | ELLIE CARE HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 3382 |
| Medicare 1: | | | | | | BORGER, TX 79008 |
| Medicare 2: | | | | | | |
| Phone | (806) 275-9085 | Fax | (806) 275-9085 | | | Services: |
| Type: | Parent Agency | Administrator | PEGGY QUINN | | | Licensed Home Health Services |
| County | HUTCHINSON | Region | 01 | Date Licensed | 09/30/2007 | Owner Information |
| License # | 011621 | | | | | GPCH LLC |
| Lic Expire | 09/30/2019 | | | | | 2801 VIA FORTUNA SUITE 500 |
| Medicare 1: | 459286 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | |
| Phone | (806) 273-3767 | Fax | (806) 273-7225 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA KAY ANDERSON | | | Licensed and Certified Home Health Services |
| County | HUTCHINSON | Region | 01 | Date Licensed | 02/12/2009 | Owner Information |
| License # | 007787 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 45Q9426003 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 274-2800 | Fax | (806) 274-2803 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JACK | Region | 02 | Date Licensed | 06/01/2016 | Owner Information |
| License # | 015321 | | | | | BEYONDFaITH HOSPICE LLC |
| Lic Expire | 01/31/2019 | | | | | 604 OAK STREET SUITE 105 |
| Medicare 1: | | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | |
| Phone | (940) 521-9915 | Fax | (940) 521-9119 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BECKY M RICHARDSON | | | Hospice |
| County | JACKSON | Region | 08 | Date Licensed | 01/16/1987 | Owner Information |
| License # | 001844 | | | | | JACKSON COUNTY HOSPITAL DISTRICT |
| Lic Expire | 01/31/2019 | | | | | 1013 SOUTH WELLS STREET |
| Medicare 1: | 677103 | | | | | EDNA, TX 77957 |
| Medicare 2: | | | | | | |
| Phone | (361) 782-7830 | Fax | (361) 781-0812 | | | Services: |
| Type: | Parent Agency | Administrator | AMY GEORGE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JACKSON | Region | 08 | Date Licensed | 11/04/2015 | Owner Information |
| License # | 012679 | | | | | J JAIME HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 517 RIO MORAVA |
| Medicare 1: | | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | |
| Phone | (956) 717-0274 | Fax | (956) 568-3859 | | | Services: |
| Type: | Branch Agency | Administrator | JOSE TADEO JAIME | | | Personal Assistance Services |
| County | JASPER | Region | 05 | Date Licensed | 05/01/2017 | Owner Information |
| License # | 018205 | | | | | HEALTH CARE DYNAMICS INC |
| Lic Expire | 04/30/2019 | | | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | 679403 | | | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (409) 994-0300 | Fax | (409) 994-0400 | | | Services: |
| Type: | Parent Agency | Administrator | ALAINA M GOLDEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | JASPER | Region | 05 | Date Licensed | 06/28/2002 | <u>Owner Information</u> |
| License # | 007991 | | | | | ADVANTAGE PLUS HOMECARE |
| Lic Expire | 06/30/2018 | | | | | 853 NORTH ZAVALLA STREET |
| Medicare 1: | 679159 | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (409) 489-1496 | Fax | (409) 489-1153 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA FRAZIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JASPER | Region | 05 | Date Licensed | 01/28/2016 | <u>Owner Information</u> |
| License # | 013942 | | | | | AFFINITY HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 2708 SOUTH MEDFORD DRIVE |
| Medicare 1: | | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | |
| Phone | (409) 489-4090 | Fax | (888) 659-2676 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | QUINCY B MARTINDALE | | | Hospice |
| County | JASPER | Region | 05 | Date Licensed | 07/20/2015 | <u>Owner Information</u> |
| License # | 016495 | | | | | COMPASSION HOSPICE INC |
| Lic Expire | 08/31/2018 | | | | | 3775 MILAM STREET |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 383-5280 | Fax | (409) 383-5272 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ALLEN AYRES | | | Hospice |
| County | JASPER | Region | 05 | Date Licensed | 05/17/1995 | <u>Owner Information</u> |
| License # | 003520 | | | | | COMPLETE HOMECARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 299 |
| Medicare 1: | 678027 | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (409) 384-3040 | Fax | (409) 384-3784 | | | Services: |
| Type: | Parent Agency | Administrator | ERNESTO DOMENECH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JASPER | Region | 05 | Date Licensed | 10/04/2011 | <u>Owner Information</u> |
| License # | 014389 | | | | | HARBOR HOSPICE OF EAST TEXAS LP |
| Lic Expire | 10/31/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 671749 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 384-3662 | Fax | (409) 384-4153 | | | Services: |
| Type: | Parent Agency | Administrator | KARRAH TRAHAN | | | Hospice |
| County | JASPER | Region | 05 | Date Licensed | 07/07/2009 | <u>Owner Information</u> |
| License # | 012687 | | | | | LANDREWS OF TEXAS HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 315 NORTH ZAVALLA |
| Medicare 1: | 747436 | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (409) 383-1400 | Fax | (409) 383-1401 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE A TVRZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JASPER | Region | 05 | Date Licensed | 01/01/2003 | <u>Owner Information</u> |
| License # | 008274 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2018 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 677660 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (409) 489-9104 | Fax | (409) 489-0551 | | | Services: |
| Type: | Parent Agency | Administrator | KARLA SHAY DOZIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JASPER | Region | 05 | Date Licensed | 04/01/2007 | <u>Owner Information</u> |
| License # | 011269 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (409) 384-6577 | Fax | (409) 384-6569 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA PHELPS | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | JASPER | Region | 05 | Date Licensed | 05/12/2006 | Owner Information |
| License # | 007790 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451638 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (409) 384-4336 | Fax | (409) 489-0579 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BONNIE GRAHAM | | | Hospice |
| County | JASPER | Region | 05 | Date Licensed | 12/13/2013 | Owner Information |
| License # | 014926 | | | | | PROVIDENCE CARE HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 1269 N MAIN |
| Medicare 1: | | | | | | VIDOR, TX 77662 |
| Medicare 2: | | | | | | |
| Phone | (409) 384-5058 | Fax | | | | Services: |
| Type: | Branch Agency | Administrator | TALANNA CEARA | | | Licensed Home Health Services, Personal Assistance Services |
| County | JASPER | Region | 05 | Date Licensed | 02/10/1997 | Owner Information |
| License # | 005265 | | | | | HOME CARE INNOVATIONS INC |
| Lic Expire | 02/28/2018 | | | | | 15486 FM 252 |
| Medicare 1: | 459335 | | | | | KIRBYVILLE, TX 75956 |
| Medicare 2: | | | | | | |
| Phone | (409) 423-6777 | Fax | (409) 423-2020 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLOTTE LUMMUS BUSH | | | Licensed and Certified Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 06/26/2015 | Owner Information |
| License # | 016880 | | | | | 212 THERAPY LLC |
| Lic Expire | 06/30/2019 | | | | | 1715 WEST SAGE |
| Medicare 1: | | | | | | BEAUMONT, TX 77713 |
| Medicare 2: | | | | | | |
| Phone | (409) 656-5680 | Fax | (409) 866-7255 | | | Services: |
| Type: | Parent Agency | Administrator | NEVA CAROL RAMSEY | | | Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/04/2016 | Owner Information |
| License # | 017257 | | | | | ABBE HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2018 | | | | | 1710 ASHMORE CT |
| Medicare 1: | | | | | | MISSOURI CITY, TX 77489 |
| Medicare 2: | | | | | | |
| Phone | (713) 899-5561 | Fax | (281) 437-5764 | | | Services: |
| Type: | Parent Agency | Administrator | LILLIAN BELL | | | Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/26/2012 | Owner Information |
| License # | 014764 | | | | | J C V K INC |
| Lic Expire | 04/30/2018 | | | | | 3480 FANNIN ST STE H |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-7700 | Fax | (409) 835-8084 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN E HOLDEN III | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/24/2014 | Owner Information |
| License # | 016164 | | | | | ACCLAIMED HOME CARE LLC |
| Lic Expire | 04/30/2018 | | | | | 440 N 18TH STREET SUITE 7 |
| Medicare 1: | | | | | | BEAUMONT, TX 77707 |
| Medicare 2: | | | | | | |
| Phone | (409) 833-7062 | Fax | (409) 833-7553 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA ARLINE | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/04/2004 | Owner Information |
| License # | 009075 | | | | | CAROLINE WEATHERSBY |
| Lic Expire | 05/31/2018 | | | | | 87 INTERSTATE 10 NORTH STE #124 |
| Medicare 1: | 673159 | | | | | BEAUMONT, TX 77707 |
| Medicare 2: | | | | | | |
| Phone | (409) 242-5800 | Fax | (713) 263-3548 | | | Services: |
| Type: | Parent Agency | Administrator | DIANNA M GONZALEZ BASS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 05/24/2002 | Owner Information |
| License # | 007953 | | | | | ADVANCED PEDIATRIC CARE INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 7590 |
| Medicare 1: | 677648 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-3304 | Fax | (409) 835-2799 | | | Services: |
| Type: | Parent Agency | Administrator | DIANE SHAFFER BASS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/22/2004 | Owner Information |
| License # | 007991 | | | | | ADVANTAGE PLUS HOMECARE INC |
| Lic Expire | 06/30/2018 | | | | | 853 NORTH ZAVALLA STREET |
| Medicare 1: | 67Q9159002 | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (409) 899-1665 | Fax | (409) 899-1680 | | | Services: |
| Type: | Branch Agency | Administrator | BRENDA FRAZIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 06/13/2006 | Owner Information |
| License # | 010527 | | | | | CARECO GROUP INC |
| Lic Expire | 06/30/2018 | | | | | 990 IH 10 NORTH SUITE 203 |
| Medicare 1: | 679613 | | | | | BEAUMONT, TX 77702 |
| Medicare 2: | | | | | | |
| Phone | (409) 899-3535 | Fax | (409) 899-3537 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA MCMAHON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/17/2012 | Owner Information |
| License # | 014690 | | | | | ALTUS HOME HEALTHCARE OF BEAUMONT LP |
| Lic Expire | 01/31/2018 | | | | | 1085 INTERSTATE 10 NORTH |
| Medicare 1: | 459471 | | | | | BEAUMONT, TX 77706 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-2828 | Fax | (409) 835-2129 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN SAGE | | | Licensed and Certified Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/02/2012 | Owner Information |
| License # | 014698 | | | | | ALTUS HOSPICE OF BEAUMONT LP |
| Lic Expire | 02/28/2018 | | | | | 11233 SHADOW CREEK PARKWAY SUITE 313 |
| Medicare 1: | 451596 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-4582 | Fax | (409) 832-6345 | | | Services: |
| Type: | Parent Agency | Administrator | SUMMER MILLER | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/28/2008 | Owner Information |
| License # | 011901 | | | | | THREE M HOME HEALTH LLC |
| Lic Expire | 02/28/2018 | | | | | 1140 WEST CARDINAL DRIVE |
| Medicare 1: | 747104 | | | | | BEAUMONT, TX 77705 |
| Medicare 2: | | | | | | |
| Phone | (409) 767-8833 | Fax | (409) 767-9203 | | | Services: |
| Type: | Parent Agency | Administrator | SUMAIA SULAIMAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 09/21/2015 | Owner Information |
| License # | 017041 | | | | | THREE M HOSPICE CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 1140 WEST CARDINAL DRIVE |
| Medicare 1: | | | | | | BEAUMONT, TX 77705 |
| Medicare 2: | | | | | | |
| Phone | (409) 767-8833 | Fax | (409) 767-9203 | | | Services: |
| Type: | Parent Agency | Administrator | SUMAIA SULAIMAN | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 07/22/2016 | Owner Information |
| License # | 017538 | | | | | ASHCOR CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 16818 COBBLE RIDGE DR |
| Medicare 1: | | | | | | SUGARLAND, TX 77498 |
| Medicare 2: | | | | | | |
| Phone | (409) 351-3132 | Fax | (866) 597-4551 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA SIMS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 07/18/2014 | Owner Information |
| License # | 007603 | | | | | ASSIST- MED INC |
| Lic Expire | 12/31/2017 | | | | | 2000 S. DAIRY ASHFORD #450 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 356-9055 | Fax | (409) 347-7890 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | RUTH BRIGGS | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 09/01/1984 | Owner Information |
| License # | 003147 | | | | | BEAUMONT HOME HEALTH SERVICE INC |
| Lic Expire | 08/31/2018 | | | | | 3202 SAM HOUSTON DRIVE |
| Medicare 1: | 457051 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 833-4632 | Fax | (409) 833-2774 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYLINDA BIENVENU | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/10/1997 | Owner Information |
| License # | 003147 | | | | | BEAUMONT HOME HEALTH SERVICE INC |
| Lic Expire | 08/31/2018 | | | | | 3202 SAM HOUSTON DRIVE |
| Medicare 1: | 45Q7051001 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 833-7189 | Fax | (409) 833-0459 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | CYLINDA BIENVENU | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/05/2014 | Owner Information |
| License # | 016018 | | | | | BETHANY HEALTHCARE INC |
| Lic Expire | 02/28/2018 | | | | | 5733 MEL SHA LANE |
| Medicare 1: | | | | | | BEAUMONT, TX 77705 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 840-5555 | Fax | (409) 840-5550 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAULINE GLADYS ANWULIKA IJEH | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/13/2011 | Owner Information |
| License # | 014094 | | | | | BETHINA HEALTHCARE LLC |
| Lic Expire | 05/31/2019 | | | | | 2305 N STREET SUITE 103 |
| Medicare 1: | | | | | | BEAUMONT, TX 77702 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 884-6186 | Fax | (281) 499-8343 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AINA ELIZABETH OBILANA | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/03/2012 | Owner Information |
| License # | 013061 | | | | | BUCKNER HOSPICE HOUSTON |
| Lic Expire | 01/31/2020 | | | | | 700 N PEARL STREET, SUITE 1200 |
| Medicare 1: | | | | | | DALLAS, TX 75201 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 866-0400 | Fax | (409) 866-0461 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | NICOLE CUPIC MCPHERSON | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/05/2017 | Owner Information |
| License # | 018194 | | | | | WALKERHOME4 LLC |
| Lic Expire | 05/31/2019 | | | | | 440 N 18TH ST STE A |
| Medicare 1: | 677802 | | | | | BEAUMONT, TX 77707 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 833-7062 | Fax | (409) 833-7553 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWANA WALKER | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/19/2010 | Owner Information |
| License # | 013338 | | | | | WALKERHOME4 LLC |
| Lic Expire | 05/31/2018 | | | | | 440 NORTH 18TH STREET SUITE 8 |
| Medicare 1: | | | | | | BEAUMONT, TX 77707 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 833-7062 | Fax | (409) 833-7553 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAWANA WALKER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 08/11/2014 | Owner Information |
| License # | 016502 | | | | | CIMA HOSPICE OF HOUSTON LLC |
| Lic Expire | 08/31/2018 | | | | | 14295 MIDWAY RD. STE. 400 |
| Medicare 1: | 451612 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (281) 888-9888 | Fax | (281) 936-0197 | | | Services: |
| Type: | Parent Agency | Administrator | ARTHUR BELLE-ISLE | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/11/2016 | Owner Information |
| License # | 017392 | | | | | COMPASSION AT HOME, INC. |
| Lic Expire | 05/31/2018 | | | | | 3775 MILAM BEAUMONT |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-8357 | Fax | (409) 835-8327 | | | Services: |
| Type: | Parent Agency | Administrator | MELANIE AYRES | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 08/26/2014 | Owner Information |
| License # | 016495 | | | | | COMPASSION HOSPICE INC |
| Lic Expire | 08/31/2018 | | | | | 3775 MILAM STREET |
| Medicare 1: | 671637 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-8357 | Fax | (409) 835-8327 | | | Services: |
| Type: | Parent Agency | Administrator | ALLEN AYRES | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 06/21/2016 | Owner Information |
| License # | 017473 | | | | | CONSOLIDATED HEALTH CARE SERVICES INC. |
| Lic Expire | 06/30/2018 | | | | | PO BOX 812 |
| Medicare 1: | 67Q9080001 | | | | | NEWTON, TX 75966 |
| Medicare 2: | | | | | | |
| Phone | (409) 861-3200 | Fax | (409) 861-3205 | | | Services: |
| Type: | Branch Agency | Administrator | GLORIA JONES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/24/2017 | Owner Information |
| License # | 018075 | | | | | COMMUNITY ASSISTANCE COUNCIL INC |
| Lic Expire | 05/31/2019 | | | | | 85 INTERSTATE 10 NORTH SUITE 215 |
| Medicare 1: | 453198 | | | | | BEAUMONT, TX 77705 |
| Medicare 2: | | | | | | |
| Phone | (409) 813-1154 | Fax | (409) 813-1935 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA FISHER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 03/17/2016 | Owner Information |
| License # | 017316 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 03/31/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | |
| Phone | (409) 813-2527 | Fax | (877) 463-1310 | | | Services: |
| Type: | Parent Agency | Administrator | PHILLEATRO RILES | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/13/2015 | Owner Information |
| License # | 016801 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 05/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | |
| Phone | (409) 842-0779 | Fax | (409) 840-9111 | | | Services: |
| Type: | Parent Agency | Administrator | KEOSHA PHILLIPS | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 09/27/2017 | Owner Information |
| License # | 018341 | | | | | EMON HEALTHCARE SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | P. O. BOX 710230 |
| Medicare 1: | | | | | | HOUSTON, TX 77271 |
| Medicare 2: | | | | | | |
| Phone | (770) 656-8967 | Fax | (281) 741-9515 | | | Services: |
| Type: | Parent Agency | Administrator | CHEMEKA EMMANUEL O. EGBUZIEM | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009653 | | | | | PREFERRED HOME HEALTH LP |
| Lic Expire | 12/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 677137 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (409) 813-8109 | Fax | (409) 212-9079 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT BRACKIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 03/28/2012 | Owner Information |
| License # | 014890 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-0228 | Fax | (409) 835-0151 | | | Services: |
| Type: | Parent Agency | Administrator | DERRIAN JAMES | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011753 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-5797 | Fax | (409) 832-1343 | | | Services: |
| Type: | Branch Agency | Administrator | BETTY BETHEA | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/21/2014 | Owner Information |
| License # | 016244 | | | | | BARTHOLDI HEALTH MANAGEMENT INC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 1947 |
| Medicare 1: | 678490 | | | | | HEMPHILL, TX 75948 |
| Medicare 2: | | | | | | |
| Phone | (844) 576-8773 | Fax | (888) 891-3521 | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER KOVAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/05/2010 | Owner Information |
| License # | 013859 | | | | | JCH INC |
| Lic Expire | 11/30/2018 | | | | | P O BOX 12686 |
| Medicare 1: | 679163 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-1670 | Fax | (409) 835-1672 | | | Services: |
| Type: | Parent Agency | Administrator | JON GARNER | | | Licensed and Certified Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 08/30/2011 | Owner Information |
| License # | 014680 | | | | | HARBOR HOSPICE OF BEAUMONT LP |
| Lic Expire | 08/31/2019 | | | | | 3406 COLLEGE ST SUITE 200 |
| Medicare 1: | 671511 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 840-5640 | Fax | (409) 840-5643 | | | Services: |
| Type: | Parent Agency | Administrator | BRENNA RODRIGUEZ | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 08/07/2017 | Owner Information |
| License # | 018232 | | | | | HEART OF TEXAS HELPERS LLC |
| Lic Expire | 08/31/2019 | | | | | 18568 FORTY SIX PKWY SUITE 3001 |
| Medicare 1: | | | | | | SPRING BRANCH, TX 78070 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-3311 | Fax | (409) 832-3312 | | | Services: |
| Type: | Parent Agency | Administrator | JOE CHAPMAN | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 03/17/2016 | Owner Information |
| License # | 017523 | | | | | HEART OF TEXAS HOSPICE-THIRD COAST LP |
| Lic Expire | 03/31/2018 | | | | | 18568 FORTY SIX PARKWAY STE 3001A |
| Medicare 1: | 671656 | | | | | SPRING BRANCH, TX 78070 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-3311 | Fax | (409) 832-3312 | | | Services: |
| Type: | Parent Agency | Administrator | JOE CHAPMAN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 10/28/2013 | Owner Information |
| License # | 015927 | | | | | HEART TO HEART HOSPICE OF THE GULF COAST, LLC. |
| Lic Expire | 10/31/2017 | | | | | 7240 CHASE OAKS BLVD. |
| Medicare 1: | 671577 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (409) 813-1028 | Fax | (409) 838-9939 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID SLAUGHTER | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/25/2007 | Owner Information |
| License # | 011290 | | | | | NOT HOME ALONE INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 1031 |
| Medicare 1: | | | | | | BEAUMONT, TX 77704 |
| Medicare 2: | | | | | | |
| Phone | (409) 892-7494 | Fax | (409) 299-5300 | | | Services: |
| Type: | Parent Agency | Administrator | JANET GUNTER | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/11/2017 | Owner Information |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-6700 | Fax | (409) 832-6703 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/29/2008 | Owner Information |
| License # | 009505 | | | | | IN HOME ATTENDANT SERVICES, LTD |
| Lic Expire | 12/31/2019 | | | | | POST OFFICE BOX 131245 |
| Medicare 1: | | | | | | HOUSTON, TX 77219 |
| Medicare 2: | | | | | | |
| Phone | (409) 892-9500 | Fax | (409) 892-9502 | | | Services: |
| Type: | Branch Agency | Administrator | GENE WHITTEN LEGE | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 07/28/1993 | Owner Information |
| License # | 002583 | | | | | JEFFERSON COUNTY HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 8350 COLLIER ROAD |
| Medicare 1: | 677686 | | | | | BEAUMONT, TX 77706 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-9909 | Fax | (409) 835-9949 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA DARDEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008274 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2018 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 67Q7660001 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (409) 899-9053 | Fax | (409) 347-0993 | | | Services: |
| Type: | Branch Agency | Administrator | KARLA SHAY DOZIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 08/05/2011 | Owner Information |
| License # | 014447 | | | | | HORIZON HEALTH CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 678039 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (409) 895-0009 | Fax | (409) 895-0006 | | | Services: |
| Type: | Parent Agency | Administrator | POLLY MATLOCK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 07/01/2001 | Owner Information |
| License # | 007790 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451638 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (409) 924-0085 | Fax | (409) 924-0448 | | | Services: |
| Type: | Parent Agency | Administrator | BONNIE GRAHAM | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|---|
| County | JEFFERSON | Region | 05 | Date Licensed | 02/27/2013 | Owner Information |
| License # | 015395 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 02/28/2019 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 435-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PHILLEATRO RILES | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012917 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 833-4004 | Fax | (844) 691-2084 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JODY BUXTON | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/15/2013 | Owner Information |
| License # | 015543 | | | | | MONTEBELLO HOME CARE INC |
| Lic Expire | 05/31/2019 | | | | | 350 PINE STREET SUITE 620 |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 276-7576 | Fax | (409) 276-4900 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBRA EILEEN LEGER | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/20/2010 | Owner Information |
| License # | 012140 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 08/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 832-0465 | Fax | (409) 832-2130 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | BRENDA CORLEY | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 12/10/2003 | Owner Information |
| License # | 003864 | | | | | PROS HOME HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 318 BRIAR ROCK ROAD |
| Medicare 1: | 67Q8058001 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 924-9906 | Fax | (409) 924-7348 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DONNA GUNSTREAM | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/01/1996 | Owner Information |
| License # | 004136 | | | | | PAHHS INC |
| Lic Expire | 12/31/2018 | | | | | 3202 SAM HOUSTON DRIVE |
| Medicare 1: | 457053 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 983-5668 | Fax | (409) 983-5604 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CYLINDA BIENVENU | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/15/2002 | Owner Information |
| License # | 007934 | | | | | SOUTHEAST TEXAS PROFESSIONAL HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | 1302 WOODWAY |
| Medicare 1: | 679157 | | | | | SOUR LAKE, TX 77659 |
| Medicare 2: | 451763 | | | | | Services: |
| Phone | (409) 212-0205 | Fax | (409) 212-0208 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | LEANN RIVERS | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 06/07/2012 | Owner Information |
| License # | 014851 | | | | | PRICE & SONN LLC |
| Lic Expire | 06/30/2018 | | | | | 2215 CALDER STE 203 |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 835-8901 | Fax | (409) 835-7442 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAULA SONN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 08/20/2004 | Owner Information |
| License # | 009384 | | | | | PULSE HOMECARE LTD |
| Lic Expire | 08/31/2019 | | | | | 5353 WEST ALABAMA SUITE 420 |
| Medicare 1: | 457884 | | | | | HOUSTON, TX 77056 |
| Medicare 2: | | | | | | |
| Phone | (409) 212-8880 | Fax | (409) 212-1508 | | | Services: |
| Type: | Parent Agency | Administrator | TANA SUSETTE RHODES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 08/05/2010 | Owner Information |
| License # | 013514 | | | | | QUALITY CARE SITTER SERVICE INC |
| Lic Expire | 08/31/2018 | | | | | 3442 EASTEX FREEWAY |
| Medicare 1: | | | | | | BEAUMONT, TX 77703 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-0011 | Fax | (409) 838-0936 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY CARLISLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 03/13/1998 | Owner Information |
| License # | 006491 | | | | | QUALITY CARE SITTER SERVICE INC |
| Lic Expire | 03/31/2018 | | | | | 3442 EASTEX FREEWAY |
| Medicare 1: | | | | | | BEAUMONT, TX 77703 |
| Medicare 2: | | | | | | |
| Phone | (409) 832-0011 | Fax | (409) 838-0936 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY CARLISLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 10/28/2015 | Owner Information |
| License # | 017407 | | | | | RICELAND HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | | | | 85 I-10 FRONTAGE RD, SUITE #100 |
| Medicare 1: | 673149 | | | | | BEAUMONT, TX 77707 |
| Medicare 2: | | | | | | |
| Phone | (409) 385-7744 | Fax | (409) 385-7723 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY ANN ELLIOTT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 07/07/2010 | Owner Information |
| License # | 013438 | | | | | TRIANGLE CARE HOSPICE LP |
| Lic Expire | 07/31/2018 | | | | | 85 IH 10 SUITE 208 |
| Medicare 1: | 671715 | | | | | BEAUMONT, TX 77705 |
| Medicare 2: | | | | | | |
| Phone | (409) 842-1112 | Fax | (409) 840-4104 | | | Services: |
| Type: | Parent Agency | Administrator | NICK LAMPSON | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/25/2013 | Owner Information |
| License # | 015501 | | | | | S T C MEDICUS ENTERPRISES LLC |
| Lic Expire | 04/30/2017 | | | | | 4347 PHELAN BOULEVARD SUITE 102 |
| Medicare 1: | | | | | | BEAUMONT, TX 77707 |
| Medicare 2: | | | | | | |
| Phone | (409) 291-8880 | Fax | (409) 291-8829 | | | Services: |
| Type: | Parent Agency | Administrator | SAUL DE JESUS AVILA | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/28/2010 | Owner Information |
| License # | 013275 | | | | | BRISTOL ENTERPRISES BAY AREA INC |
| Lic Expire | 04/30/2018 | | | | | 2390 EASTEX FREEWAY SUITE 100 |
| Medicare 1: | | | | | | BEAUMONT, TX 77703 |
| Medicare 2: | | | | | | |
| Phone | (409) 861-2000 | Fax | (409) 861-2002 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE ALLEN | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/30/2006 | Owner Information |
| License # | 010904 | | | | | TEXAS HOME HEALTH HOSPICE |
| Lic Expire | 11/30/2018 | | | | | 17855 N DALLAS PKWY STE 200 |
| Medicare 1: | 671560 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (409) 899-1152 | Fax | (409) 898-0155 | | | Services: |
| Type: | Parent Agency | Administrator | ROGER DOYLE | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 03/09/2001 | <u>Owner Information</u> |
| License # | 007608 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 838-0045 | Fax | (409) 839-8124 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JERAD SALINAS | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 03/09/2001 | <u>Owner Information</u> |
| License # | 007608 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2019 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 838-0045 | Fax | (409) 839-8124 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JERAD SALINAS | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/19/2004 | <u>Owner Information</u> |
| License # | 008921 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 02/29/2020 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 632-4349 | Fax | (936) 632-0063 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JERAD SALINAS | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 10/10/2001 | <u>Owner Information</u> |
| License # | 007752 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 10/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679103 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 385-5890 | Fax | (409) 385-4389 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH GONZALEZ | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/19/2004 | <u>Owner Information</u> |
| License # | 008922 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 02/28/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 673115 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 899-9979 | Fax | (409) 899-9552 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH GONZALEZ | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 06/23/2005 | <u>Owner Information</u> |
| License # | 008922 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 02/28/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q3115001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 899-9979 | Fax | (409) 839-8124 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ELIZABETH GONZALEZ | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 04/09/2002 | <u>Owner Information</u> |
| License # | 007752 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 10/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9103001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 385-5890 | Fax | (409) 385-4389 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ELIZABETH GONZALEZ | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/28/2013 | <u>Owner Information</u> |
| License # | 015498 | | | | | HOMESIGHT OF TEXAS BEAUMONT LLC |
| Lic Expire | 01/31/2019 | | | | | 11115 A EASTEX FREEWAY |
| Medicare 1: | 679462 | | | | | BEAUMONT, TX 77708 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 835-3330 | Fax | (888) 891-3697 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | STEPHANIE CLOUD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 01/26/2017 | <u>Owner Information</u> |
| License # | 017884 | | | | | TRACI SONN |
| Lic Expire | 01/31/2019 | | | | | 6155 SIENNA TRAILS APT. 215 |
| Medicare 1: | | | | | | BEAUMONT, TX 77708 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 673-7928 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TIFFANY HOLIDAY | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/19/2016 | <u>Owner Information</u> |
| License # | 017409 | | | | | VILLAGE CHOICE HEALTH CARE INC |
| Lic Expire | 05/31/2018 | | | | | P.O.BOX 5668 |
| Medicare 1: | 459375 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 838-5151 | Fax | (409) 838-6161 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DOLLY R DARIA | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 08/19/2015 | <u>Owner Information</u> |
| License # | 016980 | | | | | CJ HOMECARE, INC. |
| Lic Expire | 08/31/2019 | | | | | 510 2ND ST |
| Medicare 1: | | | | | | HUMBLE, TX 77338 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 291-4029 | Fax | (409) 291-8645 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MATTHEW MENARD | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/04/2014 | <u>Owner Information</u> |
| License # | 016511 | | | | | 365CARE HOME HEALTH LLC |
| Lic Expire | 11/30/2018 | | | | | 4090 CLEVELAND AVEUNE |
| Medicare 1: | 747976 | | | | | GROVES, TX 77619 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 548-0036 | Fax | (409) 548-0071 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TAGHLEB SHAABAN | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/26/1996 | <u>Owner Information</u> |
| License # | 004210 | | | | | DHMI CORPORATION |
| Lic Expire | 01/31/2019 | | | | | P O BOX 2222 |
| Medicare 1: | | | | | | NEDERLAND, TX 77627 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 962-9899 | Fax | (409) 962-9808 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ERMELINDA M HERNAEZ | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/27/2000 | <u>Owner Information</u> |
| License # | 005265 | | | | | HOME CARE INNOVATIONS INC |
| Lic Expire | 02/28/2018 | | | | | 15486 FM 252 |
| Medicare 1: | 45Q9335001 | | | | | KIRBYVILLE, TX 75956 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 963-2775 | Fax | (409) 963-1872 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | CHARLOTTE LUMMUS BUSH | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 07/22/2014 | <u>Owner Information</u> |
| License # | 016496 | | | | | SECURE HOME HEALTH MANAGEMENT LLC |
| Lic Expire | 07/31/2018 | | | | | 8901 E F LOWRY EXPRESSWAY SUITE A |
| Medicare 1: | 457852 | | | | | NEDERLAND, TX 77591 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 719-0111 | Fax | (409) 719-0110 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VERONICA DECKARD | | | |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/17/2006 | <u>Owner Information</u> |
| License # | 010296 | | | | | HOME CARE ELITE LLC |
| Lic Expire | 02/28/2019 | | | | | 2300 HIGHWAY 365 SUITE 130 |
| Medicare 1: | 677964 | | | | | NEDERLAND, TX 77627 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 724-2533 | Fax | (409) 724-2624 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | EDDIE MARK CHOATE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 04/12/1993 | Owner Information |
| License # | 002511 | | | | | INTREPID OF SOUTHEAST TEXAS INC |
| Lic Expire | 04/30/2018 | | | | | 4055 VALLEY VIEW LANE 5TH FLOOR |
| Medicare 1: | 677616 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (409) 722-0515 | Fax | (409) 722-0633 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE BAKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 02/20/2004 | Owner Information |
| License # | 009001 | | | | | TEXAS HEALTH CARE GROUP OF THE GOLDEN TRIANGLE LLC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 51266 |
| Medicare 1: | 679237 | | | | | LA FAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (409) 721-9075 | Fax | (409) 721-6206 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY H LONA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 07/29/2016 | Owner Information |
| License # | 017787 | | | | | BURCH-GARRETT ENTERPRISES INC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 23212 |
| Medicare 1: | 671717 | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | |
| Phone | (409) 356-9271 | Fax | (409) 299-3409 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER R BURCH | | | Hospice |
| County | JEFFERSON | Region | 05 | Date Licensed | 03/10/2017 | Owner Information |
| License # | 017953 | | | | | CARE CONSULTANTS OF SOUTHEAST TEXAS |
| Lic Expire | 03/31/2019 | | | | | PO BOX 554 |
| Medicare 1: | | | | | | PORT ARTHUR, TX 77641 |
| Medicare 2: | | | | | | |
| Phone | (409) 293-4341 | Fax | (409) 351-3499 | | | Services: |
| Type: | Parent Agency | Administrator | LAQUINTA HALEY-GILLIAM | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/23/2008 | Owner Information |
| License # | 012026 | | | | | COASTAL CAREGIVERS INC |
| Lic Expire | 05/31/2019 | | | | | 3008 FOREST AVENUE |
| Medicare 1: | | | | | | PORT ARTHUR, TX 77642 |
| Medicare 2: | | | | | | |
| Phone | (409) 982-8708 | Fax | (409) 982-2501 | | | Services: |
| Type: | Parent Agency | Administrator | ANN N HANSEN | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/15/2011 | Owner Information |
| License # | 013330 | | | | | EVEROSE HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 11200 WESTHEIMER RD SUITE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (832) 693-9203 | Fax | (281) 679-6928 | | | Services: |
| Type: | Branch Agency | Administrator | TED NGUYEN | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 01/07/2000 | Owner Information |
| License # | 007389 | | | | | OMNIBUS HOME HEALTH CARE INC |
| Lic Expire | 01/31/2020 | | | | | 4173 39TH ST STE B |
| Medicare 1: | 459459 | | | | | PORT ARTHUR, TX 77642 |
| Medicare 2: | | | | | | |
| Phone | (409) 724-7000 | Fax | (409) 724-7066 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE J BROUSSARD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 05/07/2009 | Owner Information |
| License # | 012588 | | | | | PRUCARE HOME HEALTH AGENCY PLLC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 22733 |
| Medicare 1: | 747479 | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | |
| Phone | (409) 722-9797 | Fax | (409) 729-7019 | | | Services: |
| Type: | Parent Agency | Administrator | PRUDENCE DANSO-DAPAAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | JEFFERSON | Region | 05 | Date Licensed | 02/22/2016 | Owner Information |
| License # | 017281 | | | | | TREASURE SERVICES INCORPORATED |
| Lic Expire | 02/28/2018 | | | | | 3800 HWY 365 SUITE 139 |
| Medicare 1: | | | | | | PORT ARTHUR, TX 77642 |
| Medicare 2: | | | | | | |
| Phone | (469) 348-5861 | Fax | (409) 853-1791 | | | Services: |
| Type: | Parent Agency | Administrator | RACHEL BROWN | | | Personal Assistance Services |
| County | JEFFERSON | Region | 05 | Date Licensed | 11/05/2012 | Owner Information |
| License # | 015177 | | | | | SUNSHINE HOSPICE LP |
| Lic Expire | 11/30/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741561 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 840-3275 | Fax | (409) 840-3295 | | | Services: |
| Type: | Parent Agency | Administrator | LIANN HEIMAN | | | Hospice |
| County | JIM HOGG | Region | 11 | Date Licensed | 07/28/2006 | Owner Information |
| License # | 003177 | | | | | HUB CITY HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 506 VALLEY BROOK RD. STE 201 |
| Medicare 1: | 67Q7522002 | | | | | MCMURRAY, PA 15317 |
| Medicare 2: | | | | | | |
| Phone | (361) 527-2080 | Fax | (361) 527-2433 | | | Services: |
| Type: | Branch Agency | Administrator | DEBBIE ROBLES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JIM HOGG | Region | 11 | Date Licensed | 01/01/2014 | Owner Information |
| License # | 016001 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 12/31/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (361) 527-4007 | Fax | (361) 527-4000 | | | Services: |
| Type: | Parent Agency | Administrator | ADEMAR DAVID GARZA | | | Licensed Home Health Services, Personal Assistance Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 10/05/2009 | Owner Information |
| License # | 012890 | | | | | A DOSE OF CARE HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | 1481 SOUTH FLOURNOY, SUITE#125 |
| Medicare 1: | 747939 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 396-4208 | Fax | (361) 396-4228 | | | Services: |
| Type: | Parent Agency | Administrator | HERLINDA CANTU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 03/06/2013 | Owner Information |
| License # | 015417 | | | | | CERENADO LLC |
| Lic Expire | 03/31/2019 | | | | | 411 FLOURNOY ROAD SUITE 204 |
| Medicare 1: | 747909 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 396-4371 | Fax | (361) 396-4394 | | | Services: |
| Type: | Parent Agency | Administrator | WANDA AVELAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 06/23/1995 | Owner Information |
| License # | 002352 | | | | | BAYSIDE HOME HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 6250 |
| Medicare 1: | 67Q7513001 | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | |
| Phone | (361) 664-9797 | Fax | (361) 664-4113 | | | Services: |
| Type: | Branch Agency | Administrator | MIGUEL MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 03/10/1997 | Owner Information |
| License # | 005343 | | | | | GOLD HORSES LLC |
| Lic Expire | 03/31/2018 | | | | | PO DRAWER 3267 |
| Medicare 1: | 459319 | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (361) 664-3484 | Fax | (361) 664-5550 | | | Services: |
| Type: | Parent Agency | Administrator | ANDRES ELIZONDO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|---|
| County | JIM WELLS | Region | 11 | Date Licensed | 02/12/2015 | Owner Information |
| License # | 016722 | | | | | FIRST HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | P O BOX 1877 |
| Medicare 1: | 747222 | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (361) 396-0902 | Fax | (361) 396-0982 | | | Services: |
| Type: | Parent Agency | Administrator | ARELY MATHEWS | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 11/15/2010 | Owner Information |
| License # | 013830 | | | | | HEALTHY HORIZONS HOMECARE LLC |
| Lic Expire | 11/30/2018 | | | | | 1006 E 6TH ST |
| Medicare 1: | 747110 | | | | | ALICE, TX 78332 |
| Medicare 2: | 741554 | | | | | |
| Phone | (361) 668-4511 | Fax | (361) 396-1283 | | | Services: |
| Type: | Parent Agency | Administrator | CARLA MARIE ZAMBRANO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | JIM WELLS | Region | 11 | Date Licensed | 10/29/2010 | Owner Information |
| License # | 013683 | | | | | MI CASA NURSING SERVICES HOME HEALTH LLC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 4079 |
| Medicare 1: | 747607 | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (361) 664-3900 | Fax | (361) 664-3901 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA WITT | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 09/23/2016 | Owner Information |
| License # | 017651 | | | | | MI CASA HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 2030 N JOHNSON |
| Medicare 1: | | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 756-1279 | Fax | (361) 664-3901 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA WITT | | | Hospice |
| County | JIM WELLS | Region | 11 | Date Licensed | 02/16/2010 | Owner Information |
| License # | 013111 | | | | | REHMET HOLDINGS LLC |
| Lic Expire | 02/28/2018 | | | | | 1881 SOUTH REYNOLDS SUITE B |
| Medicare 1: | 747628 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 396-4803 | Fax | (361) 396-4805 | | | Services: |
| Type: | Parent Agency | Administrator | DOVIE J STEWART | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 05/28/2013 | Owner Information |
| License # | 015568 | | | | | PREMIERE ANGEL CARE HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | P O BOX 468 |
| Medicare 1: | 747917 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 661-9701 | Fax | (361) 664-0676 | | | Services: |
| Type: | Parent Agency | Administrator | MARISSA BENAVIDES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 02/01/1984 | Owner Information |
| License # | 001433 | | | | | RURAL ECONOMIC ASSISTANCE LEAGUE INC |
| Lic Expire | 01/31/2020 | | | | | 301 LUCERO STREET |
| Medicare 1: | 457577 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 668-3158 | Fax | (361) 664-9695 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA RAMOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | JIM WELLS | Region | 11 | Date Licensed | 08/06/2014 | Owner Information |
| License # | 016489 | | | | | LANDO INC |
| Lic Expire | 08/31/2018 | | | | | 16 S JOHNSON |
| Medicare 1: | | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 664-8118 | Fax | (361) 668-1848 | | | Services: |
| Type: | Parent Agency | Administrator | REUBEN T GARCIA | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------------------|---------------|------------|--|
| County | JIM WELLS | Region | 11 | Date Licensed | 08/09/2010 | Owner Information |
| License # | 013315 | | | | | REAL LIFE HEALTHCARE SYSTEMS LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 20595 |
| Medicare 1: | 671654 | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 664-4888 | Fax | (361) 664-4489 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MARY VARELA | | | |
| County | JIM WELLS | Region | 11 | Date Licensed | 10/01/2004 | Owner Information |
| License # | 009340 | | | | | SALDIVAR HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 3531 |
| Medicare 1: | 457865 | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 664-2944 | Fax | (361) 664-0087 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SONIA BLEEKER | | | |
| County | JIM WELLS | Region | 11 | Date Licensed | 07/17/2015 | Owner Information |
| License # | 016922 | | | | | SALDIVAR INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 3504 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 396-0637 | Fax | (361) 396-0088 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SONIA BLEEKER | | | |
| County | JIM WELLS | Region | 11 | Date Licensed | 09/08/1999 | Owner Information |
| License # | 007114 | | | | | SALDIVAR COASTAL SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 3504 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 664-2110 | Fax | (361) 664-7531 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARGOT P SALDIVAR | | | |
| County | JIM WELLS | Region | 11 | Date Licensed | 03/21/2005 | Owner Information |
| License # | 009646 | | | | | GARCIA VENTURES INC |
| Lic Expire | 03/31/2019 | | | | | 405 HIGHLAND STREET |
| Medicare 1: | 457873 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 664-8908 | Fax | (844) 207-3056 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JESUS E GARCIA | | | |
| County | JIM WELLS | Region | 11 | Date Licensed | 03/03/1997 | Owner Information |
| License # | 005313 | | | | | VA HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 405 HIGHLAND STREET SUITE 2 |
| Medicare 1: | | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 668-8466 | Fax | (361) 668-4159 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LARISSA MICHELLE GARCIA HAWKIN | | | |
| County | JIM WELLS | Region | 11 | Date Licensed | 05/11/2017 | Owner Information |
| License # | 018056 | | | | | IN HOME PROVIDER SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 306 |
| Medicare 1: | | | | | | PREMONT, TX 78375 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 348-2013 | Fax | (361) 348-2014 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLIVIA O SCHACHERL | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 04/25/2005 | Owner Information |
| License # | 008395 | | | | | KINDSTAR INC |
| Lic Expire | 03/31/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9325002 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 426-8200 | Fax | (817) 426-9533 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JAMIE HOLLAND | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | JOHNSON | Region | 03 | Date Licensed | 06/10/2011 | Owner Information |
| License # | 011196 | | | | | KINDSTAR INC |
| Lic Expire | 12/31/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 426-3870 | Fax | (817) 426-3812 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | MELISSA KIMBLE | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 11/27/2000 | Owner Information |
| License # | 007484 | | | | | THE COLONY HOMES INC |
| Lic Expire | 11/30/2018 | | | | | 213 NW LORNA ST |
| Medicare 1: | 679035 | | | | | BURLESON, TX 76028 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 426-4393 | Fax | (817) 426-4349 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PEGGY VALCIK | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 07/17/1997 | Owner Information |
| License # | 005213 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 04/30/2018 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451501 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 615-2150 | Fax | (817) 615-2159 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LAUREN PARRISH HORTON | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 04/25/1997 | Owner Information |
| License # | 005539 | | | | | DAYBREAK COMMUNITY SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 1775 |
| Medicare 1: | | | | | | BURLESON, TX 76097 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 447-2700 | Fax | (817) 447-2831 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBBIE YOUNGBLOOD | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 01/03/2008 | Owner Information |
| License # | 011789 | | | | | DFW SENIOR CARE SERVICES, INC. |
| Lic Expire | 01/31/2020 | | | | | 2715 PINNACLE DRIVE |
| Medicare 1: | | | | | | BURLESON, TX 76028 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 447-2717 | Fax | (817) 447-2731 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HEATHER BOYD | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 06/03/2011 | Owner Information |
| License # | 014255 | | | | | ENCOMPASS HOME HEALTH OF DFW LLC |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 67Q9428001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 426-3165 | Fax | (817) 426-3145 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | LINDA FARRIS | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 10/10/2013 | Owner Information |
| License # | 015809 | | | | | EXCELLENT CARE HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | | | | 110 SW THOMAS ST SIDE A STE 1 |
| Medicare 1: | 747937 | | | | | BURLESON, TX 76028 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 370-4653 | Fax | (817) 295-4445 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RODERICK C SATUITO | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 06/09/1997 | Owner Information |
| License # | 005680 | | | | | KCP HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 1216 WEST CLEBURNE ROAD |
| Medicare 1: | 459436 | | | | | CROWLEY, TX 76036 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 297-3444 | Fax | (817) 297-6822 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | CINDY A VICKERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | JOHNSON | Region | 03 | Date Licensed | 04/30/2009 | <u>Owner Information</u> |
| License # | 012673 | | | | | HOME CARE EXTENDED LLC |
| Lic Expire | 04/30/2019 | | | | | 141 NW SUZANNE TERRACE |
| Medicare 1: | | | | | | BURLESON, TX 76028 |
| Medicare 2: | | | | | | |
| Phone | (817) 447-9403 | Fax | (817) 426-5620 | | | Services: |
| Type: | Parent Agency | Administrator | NORMA F LIVINGSTON | | | Personal Assistance Services |
| County | JOHNSON | Region | 03 | Date Licensed | 09/27/2017 | <u>Owner Information</u> |
| License # | 018343 | | | | | TRAA INVESTMENTS LLC |
| Lic Expire | 09/30/2019 | | | | | 215 W. 2ND STREET |
| Medicare 1: | | | | | | WAXAHACHIE, TX 75165 |
| Medicare 2: | | | | | | |
| Phone | (817) 813-2150 | Fax | (817) 813-2151 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI CLAIRE HUGGINS | | | Personal Assistance Services |
| County | JOHNSON | Region | 03 | Date Licensed | 08/05/2014 | <u>Owner Information</u> |
| License # | 016362 | | | | | PEDIATRIC SERVICES OF AMERICA INC |
| Lic Expire | 08/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (817) 840-1344 | Fax | (817) 840-9240 | | | Services: |
| Type: | Parent Agency | Administrator | MEAGHAN BLANKENSHIP | | | Licensed Home Health Services |
| County | JOHNSON | Region | 03 | Date Licensed | 04/26/2016 | <u>Owner Information</u> |
| License # | 017369 | | | | | WHEN KIDS PLAY LLC |
| Lic Expire | 04/30/2018 | | | | | 1169 N BURLESON RD STE 107-225 |
| Medicare 1: | | | | | | BURLESON, TX 76028 |
| Medicare 2: | | | | | | |
| Phone | (817) 475-3358 | Fax | (817) 887-4678 | | | Services: |
| Type: | Parent Agency | Administrator | LEILANI BROWN | | | Licensed Home Health Services |
| County | JOHNSON | Region | 03 | Date Licensed | 10/01/2015 | <u>Owner Information</u> |
| License # | 017059 | | | | | CKCW HOLDINGS LLC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 639 |
| Medicare 1: | | | | | | BURLESON, TX 76097 |
| Medicare 2: | | | | | | |
| Phone | (817) 447-1037 | Fax | (817) 796-1005 | | | Services: |
| Type: | Parent Agency | Administrator | KELLY TURNER | | | Personal Assistance Services |
| County | JOHNSON | Region | 03 | Date Licensed | 10/20/2016 | <u>Owner Information</u> |
| License # | 017690 | | | | | KJ QUALITY CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 3200 COUNTY ROAD 1120 |
| Medicare 1: | | | | | | CLEBURNE, TX 76033 |
| Medicare 2: | | | | | | |
| Phone | (682) 317-9021 | Fax | (682) 317-9025 | | | Services: |
| Type: | Parent Agency | Administrator | KRESHNA SHEPLEAR | | | Personal Assistance Services |
| County | JOHNSON | Region | 03 | Date Licensed | 01/28/1997 | <u>Owner Information</u> |
| License # | 005213 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 04/30/2018 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451501 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (817) 558-8302 | Fax | (817) 648-0275 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LAUREN PARRISH HORTON | | | Hospice |
| County | JOHNSON | Region | 03 | Date Licensed | 11/01/2006 | <u>Owner Information</u> |
| License # | 011086 | | | | | ENCOMPASS OF FORT WORTH LP |
| Lic Expire | 10/31/2018 | | | | | 6688 N CENTRAL EXPY SUITE 1300 |
| Medicare 1: | 67Q9167001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (817) 558-4312 | Fax | (817) 558-4305 | | | Services: |
| Type: | Branch Agency | Administrator | ERIC DENGLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | JOHNSON | Region | 03 | Date Licensed | 05/17/2017 | <u>Owner Information</u> |
| License # | 018313 | | | | | GO VITALCARE HOSPICE LLC |
| Lic Expire | 05/31/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 741527 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (817) 975-4789 | Fax | (817) 710-8895 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL BLAKENSHIP | | | Hospice |
| County | JOHNSON | Region | 03 | Date Licensed | 09/28/2007 | <u>Owner Information</u> |
| License # | 011749 | | | | | ABLE HOME HEALTHCARE INC |
| Lic Expire | 09/30/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 679412 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (817) 202-0617 | Fax | (817) 202-9378 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER STETTLER | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | JOHNSON | Region | 03 | Date Licensed | 01/14/2013 | <u>Owner Information</u> |
| License # | 015304 | | | | | CLEBURNE KLARUS LLC |
| Lic Expire | 01/31/2017 | | | | | 106 HYDE PARK |
| Medicare 1: | | | | | | CLEBURNE, TX 76033 |
| Medicare 2: | | | | | | |
| Phone | (817) 202-9192 | Fax | (817) 202-9605 | | | Services: |
| Type: | Parent Agency | Administrator | JO ANN GREENSLADE | | | Licensed Home Health Services |
| County | JOHNSON | Region | 03 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | |
| Lic Expire | | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 202-9192 | Fax | (817) 202-9605 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEPH DANIEL BRUCE | | | |
| County | JOHNSON | Region | 03 | Date Licensed | 02/01/2017 | <u>Owner Information</u> |
| License # | 017897 | | | | | LIVING WELL TEXAS HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 9941 CRESTWICK DR |
| Medicare 1: | | | | | | DALLAS, TX 75238 |
| Medicare 2: | | | | | | |
| Phone | (682) 970-6155 | Fax | (682) 970-6255 | | | Services: |
| Type: | Parent Agency | Administrator | KHRISTINA MATA | | | Personal Assistance Services |
| County | JOHNSON | Region | 03 | Date Licensed | 01/06/2017 | <u>Owner Information</u> |
| License # | 018015 | | | | | DALLAS HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 451748 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (817) 517-7336 | Fax | (817) 202-8731 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT PSENCIK | | | Hospice |
| County | JOHNSON | Region | 03 | Date Licensed | 02/10/2015 | <u>Owner Information</u> |
| License # | 015695 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 03/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (817) 279-7990 | Fax | (817) 273-8060 | | | Services: |
| Type: | Branch Agency | Administrator | PHILIP CRISWELL | | | Licensed Home Health Services |
| County | JOHNSON | Region | 03 | Date Licensed | 03/06/2008 | <u>Owner Information</u> |
| License # | 011912 | | | | | MISTI L MATTHEWS |
| Lic Expire | 03/31/2019 | | | | | PO BOX 474 |
| Medicare 1: | | | | | | CLEBURNE, TX 76033 |
| Medicare 2: | | | | | | |
| Phone | (817) 487-5966 | Fax | (817) 202-8261 | | | Services: |
| Type: | Parent Agency | Administrator | MISTI L MATTHEWS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | JOHNSON | Region | 03 | Date Licensed | 09/09/2016 | Owner Information |
| License # | 017622 | | | | | SRC HOME CARE JC INC |
| Lic Expire | 09/30/2018 | | | | | 3012 RUNNING BROOK DRIVE |
| Medicare 1: | | | | | | JOSHUA, TX 76058 |
| Medicare 2: | | | | | | |
| Phone | (817) 506-4016 | Fax | (817) 439-7148 | | | Services: |
| Type: | Parent Agency | Administrator | SHARLOTTA CONNALLY | | | Personal Assistance Services |
| County | KARNES | Region | 08 | Date Licensed | 11/22/1985 | Owner Information |
| License # | 001745 | | | | | KARNES COUNTY HOSPITAL DISTRICT |
| Lic Expire | 11/30/2019 | | | | | 3349 S HIGHWAY 181 |
| Medicare 1: | 459424 | | | | | KENEDY, TX 78119 |
| Medicare 2: | | | | | | |
| Phone | (830) 583-4558 | Fax | (830) 583-3727 | | | Services: |
| Type: | Parent Agency | Administrator | STACEY SCHULTZ | | | Licensed and Certified Home Health Services |
| County | KARNES | Region | 08 | Date Licensed | 10/22/1996 | Owner Information |
| License # | 003245 | | | | | NURSES IN TOUCH COMMUNITY HOSPICE |
| Lic Expire | 11/30/2019 | | | | | 1414 F STREET |
| Medicare 1: | | | | | | FLORESVILLE, TX 78114 |
| Medicare 2: | | | | | | |
| Phone | (830) 583-0399 | Fax | (830) 216-7115 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARY HELEN TIEKEN | | | Hospice |
| County | KAUFMAN | Region | 03 | Date Licensed | 01/26/2017 | Owner Information |
| License # | 017877 | | | | | AMAZING GRACE PALLIATIVE AND HOSPICE CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 849 WINCHESTER DR |
| Medicare 1: | | | | | | LEWISVILLE, TX 75056 |
| Medicare 2: | | | | | | |
| Phone | (972) 763-6220 | Fax | (877) 600-2919 | | | Services: |
| Type: | Parent Agency | Administrator | SUJA KURIAN | | | Hospice |
| County | KAUFMAN | Region | 03 | Date Licensed | 06/15/2004 | Owner Information |
| License # | 009025 | | | | | BANNER HEALTH SERVICES INC |
| Lic Expire | 02/28/2018 | | | | | 104 EAST US HWY 80 SUITE 190 |
| Medicare 1: | 67Q9283001 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (903) 454-6001 | Fax | (903) 454-6411 | | | Services: |
| Type: | Branch Agency | Administrator | DENISE HEMBREE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 01/06/2016 | Owner Information |
| License # | 017209 | | | | | LOVE ABUNDANTLY HOME CARE AGENCY LLC |
| Lic Expire | 01/31/2018 | | | | | 221 WOODBERRY DR |
| Medicare 1: | | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (469) 446-8002 | Fax | (972) 357-7418 | | | Services: |
| Type: | Parent Agency | Administrator | ESSIE KEMP | | | Personal Assistance Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 12/07/2015 | Owner Information |
| License # | 017235 | | | | | BBWK ENTERPRISES, LLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 2009 |
| Medicare 1: | 747241 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (972) 552-9596 | Fax | (972) 552-9590 | | | Services: |
| Type: | Parent Agency | Administrator | DALILA GARZA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 12/08/2014 | Owner Information |
| License # | 016551 | | | | | PRECIOUS PEOPLE HOME CARE AGENCY INC |
| Lic Expire | 12/31/2018 | | | | | 1109 SAN ANTONIO DRIVE |
| Medicare 1: | | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (469) 453-6228 | Fax | (469) 453-6228 | | | Services: |
| Type: | Parent Agency | Administrator | ADEWALE TAIWO OLAYINKA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | KAUFMAN | Region | 03 | Date Licensed | 04/25/2012 | Owner Information |
| License # | 015127 | | | | | SERENITY SERVICES HOME HEALTHCARE, LLC |
| Lic Expire | 04/30/2018 | | | | | 1440 ARABELLA AVENUE |
| Medicare 1: | 679629 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (469) 602-5955 | Fax | (469) 602-5954 | | | Services: |
| Type: | Parent Agency | Administrator | KENNEDY MOSIGISI | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 02/14/2008 | Owner Information |
| License # | 011887 | | | | | YETKIN ADVANCED HEALTHCARE INCORPORATED |
| Lic Expire | 02/28/2018 | | | | | 2031 KINGS FOREST DRIVE |
| Medicare 1: | 747354 | | | | | HEARTLAND, TX 75126 |
| Medicare 2: | | | | | | |
| Phone | (972) 564-3471 | Fax | (972) 552-3610 | | | Services: |
| Type: | Parent Agency | Administrator | EMMANUEL AKINYEMI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 05/08/2014 | Owner Information |
| License # | 016195 | | | | | ALWAYS ACCURATE HOME HEALTHCARE AND HOSPICE LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 1317 |
| Medicare 1: | 741540 | | | | | KAUFMAN, TX 75142 |
| Medicare 2: | | | | | | |
| Phone | (469) 376-6763 | Fax | (972) 932-6766 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE BROWN | | | Licensed Home Health Services, Hospice |
| County | KAUFMAN | Region | 03 | Date Licensed | 02/04/2016 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | KAUFMAN | Region | 03 | Date Licensed | 10/02/1995 | Owner Information |
| License # | 001531 | | | | | THE VISITING NURSE ASSOCIATION OF TEXAS |
| Lic Expire | 09/30/2019 | | | | | 1600 VICEROY SUITE 400 |
| Medicare 1: | 451506 | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | |
| Phone | (972) 932-2196 | Fax | (972) 287-8465 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | KATHERINE KRAUSE | | | Hospice |
| County | KAUFMAN | Region | 03 | Date Licensed | 01/17/1995 | Owner Information |
| License # | 003056 | | | | | THE VISITING NURSE ASSOCIATION OF TEXAS |
| Lic Expire | 01/31/2019 | | | | | 1600 VICEROY SUITE 400 |
| Medicare 1: | 45Q7001003 | | | | | DALLAS, TX 75235 |
| Medicare 2: | | | | | | |
| Phone | (972) 962-7500 | Fax | (972) 932-3526 | | | Services: |
| Type: | Branch Agency | Administrator | KATHERINE KRAUSE | | | Licensed and Certified Home Health Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 02/11/2004 | Owner Information |
| License # | 008905 | | | | | YOUR HEALTH TEAM LLC |
| Lic Expire | 02/28/2018 | | | | | 1512 FM 2727 |
| Medicare 1: | 679496 | | | | | KAUFMAN, TX 75142 |
| Medicare 2: | | | | | | |
| Phone | (972) 962-8349 | Fax | (972) 962-2398 | | | Services: |
| Type: | Parent Agency | Administrator | WANDA JEAN CAMPBELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | KAUFMAN | Region | 03 | Date Licensed | 10/18/2012 | Owner Information |
| License # | 015142 | | | | | ALINEA FAMILY HOSPICE CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 303 E COLLEGE ST SUITE C |
| Medicare 1: | 671766 | | | | | TERRELL, TX 75160 |
| Medicare 2: | | | | | | |
| Phone | (972) 563-1560 | Fax | (972) 563-1545 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA JUNKERSFELD | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | KAUFMAN | Region | 03 | Date Licensed | 01/26/2001 | Owner Information TBHL INC 211 WEST MOORE AVENUE TERRELL, TX 75160 |
| License # | 007525 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | 679050 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 524-5800 | Fax | (972) 524-9200 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHORLECIA PRITCHETT | | | |
| County | KAUFMAN | Region | 03 | Date Licensed | 09/13/2012 | Owner Information AMERICAN HOME HOSPICE INC 216 W MOORE AVE TERRELL, TX 75160 |
| License # | 015063 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 741525 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 524-3800 | Fax | (972) 524-2800 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | JENNIFER WEATHERHEAD | | | |
| County | KAUFMAN | Region | 03 | Date Licensed | 08/04/2004 | Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 |
| License # | 009235 | | | | | |
| Lic Expire | 08/31/2018 | | | | | |
| Medicare 1: | 451780 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 563-8350 | Fax | (972) 563-8355 | | | Services: Hospice |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | |
| County | KAUFMAN | Region | 03 | Date Licensed | 07/17/2007 | Owner Information RISESUN CARE INC 811 W MOORE AVENUE SUITE E TERRELL, TX 75160 |
| License # | 011476 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 747330 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 551-1957 | Fax | (972) 551-1959 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSEMARY U EBOCHUE | | | |
| County | KAUFMAN | Region | 03 | Date Licensed | 01/09/2014 | Owner Information WINGS OF ANGELS CAREGIVERS LLC 140 REDWOOD TERRELL, TX 75160 |
| License # | 015965 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 551-0038 | Fax | (972) 551-1821 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | WILLIAM E BUTLER | | | |
| County | KAUFMAN | Region | 03 | Date Licensed | 01/31/2006 | Owner Information WINNERS COMMUNITY HEALTH SERVICES INCORPORATED 500 EAST HIGH STREET TERRELL, TX 75160 |
| License # | 010281 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | 747273 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (972) 524-6913 | Fax | (972) 551-1268 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NUSI A AMUSAN | | | |
| County | KENDALL | Region | 08 | Date Licensed | 06/07/2011 | Owner Information ALAMO AREA HOME HOSPICE LP 3021 LORNA ROAD, STE#200 BIRMINGHAM, AL 35216 |
| License # | 014143 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | 671750 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (830) 816-5024 | Fax | (830) 331-9058 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | THERESA ERIN HICKS | | | |
| County | KENDALL | Region | 08 | Date Licensed | 10/05/2007 | Owner Information ALL COUNTY HOME CARE LLC 37131 IH 10 WEST 400 BOERNE, TX 78006 |
| License # | 011624 | | | | | |
| Lic Expire | 10/31/2018 | | | | | |
| Medicare 1: | 743120 | | | | | |
| Medicare 2: | 671756 | | | | | |
| Phone | (830) 331-1291 | Fax | (830) 331-1295 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MARY LOU SHULTS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | KENDALL | Region | 08 | Date Licensed | 05/15/2013 | Owner Information |
| License # | 009937 | | | | | DJK HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 901 WATERFALL WAY SUITE 105 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 775-9133 | Fax | (830) 755-9155 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MELISSA BULLOCK | | | |
| County | KENDALL | Region | 08 | Date Licensed | 03/05/2004 | Owner Information |
| License # | 008948 | | | | | SUNRISE PRIMARY CARE SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 1221 ARISTA LN |
| Medicare 1: | 673124 | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 331-2005 | Fax | (830) 331-2045 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RYAN COE | | | |
| County | KENDALL | Region | 08 | Date Licensed | 11/01/2013 | Owner Information |
| License # | 015920 | | | | | PRESLAR SENIOR CARE LLC |
| Lic Expire | 10/31/2019 | | | | | P. O. BOX 895 |
| Medicare 1: | | | | | | BOERNE, TX 78006 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 249-4988 | Fax | (830) 248-1389 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEN PRESLAR | | | |
| County | KENDALL | Region | 08 | Date Licensed | 11/26/2012 | Owner Information |
| License # | 015225 | | | | | ELIMS VENTURES LLC |
| Lic Expire | 11/30/2018 | | | | | 29602 DOOUBLE EAGLE CIRCLE |
| Medicare 1: | | | | | | BOERNE, TX 78015 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 981-2444 | Fax | (830) 981-4993 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAREN ZIMMERHANZEL | | | |
| County | KENDALL | Region | 08 | Date Licensed | 12/08/2003 | Owner Information |
| License # | 008896 | | | | | TEXAS HEALTHCARE SOLUTIONS INC |
| Lic Expire | 12/31/2018 | | | | | 11550 IH 35 10 WEST STE#170 |
| Medicare 1: | 679169 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 755-6027 | Fax | (830) 755-5084 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHANNON BOWEN | | | |
| County | KENDALL | Region | 08 | Date Licensed | 09/21/2011 | Owner Information |
| License # | 014370 | | | | | TEXAS KIDS HOME THERAPY AND NURSING PLLC |
| Lic Expire | 09/30/2019 | | | | | 555 PRADO CROSSING |
| Medicare 1: | | | | | | BOERNE, TX 78006 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 360-1662 | Fax | (210) 568-2228 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | STEPHEN L KURTZ | | | |
| County | KENDALL | Region | 08 | Date Licensed | 10/13/2015 | Owner Information |
| License # | 017225 | | | | | JMILL ENTERPRISES INC |
| Lic Expire | 10/31/2019 | | | | | 1491 S. MAIN STREET |
| Medicare 1: | | | | | | BOERNE, TX 78006 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 331-8491 | Fax | (830) 371-8497 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JON MILLER | | | |
| County | KENT | Region | 02 | Date Licensed | 04/14/2005 | Owner Information |
| License # | 009402 | | | | | KINDSTAR INC |
| Lic Expire | 11/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9485001 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 237-2145 | Fax | (806) 237-2147 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DONEISE SCOTT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---|---------------|------------|--|
| County | KERR | Region | 08 | Date Licensed | 08/12/2015 | Owner Information |
| License # | 014143 | | ALAMO HOSPICE | | | ALAMO AREA HOME HOSPICE LP |
| Lic Expire | 06/30/2019 | | 1400 WATER STREET | | | 3021 LORNA ROAD, STE#200 |
| Medicare 1: | 671750 | | KERRVILLE, TX 78028 | | | BIRMINGHAM, AL 35216 |
| Medicare 2: | | | | | | |
| Phone | (830) 816-5024 | Fax | (830) 331-9058 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | THERESA ERIN HICKS | | | Hospice |
| County | KERR | Region | 08 | Date Licensed | 02/17/1998 | Owner Information |
| License # | 006329 | | ALTERNATIVE HEALTH CARE | | | D&L HEALTH CARE INC |
| Lic Expire | 02/29/2020 | | 117 HUGO STREET SUITE A | | | 117 HUGO STREET SUITE A |
| Medicare 1: | | | KERRVILLE, TX 78028 | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | |
| Phone | (830) 895-3104 | Fax | (830) 895-3102 | | | Services: |
| Type: | Parent Agency | Administrator | ANNABELLE LOUISE LINDNER | | | Licensed Home Health Services, Personal Assistance Services |
| County | KERR | Region | 08 | Date Licensed | 08/09/1994 | Owner Information |
| License # | 003184 | | BANDERA TRI COUNTY HOME HEALTH AGENCY INC | | | BANDERA TRI COUNTY HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | 117 HUGO STREET SUITE B | | | 117 HUGO STREET SUITE B |
| Medicare 1: | 458280 | | KERRVILLE, TX 78028 | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | |
| Phone | (830) 895-3100 | Fax | (830) 895-3102 | | | Services: |
| Type: | Parent Agency | Administrator | ANNABELLE LINDNER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | KERR | Region | 08 | Date Licensed | 10/27/2004 | Owner Information |
| License # | 009379 | | CARING SENIOR SERVICE OF THE HILL COUNTRY | | | P-9 ENTERPRISES INC |
| Lic Expire | 10/31/2019 | | 2916 MEMORIAL BLVD | | | 2916 MEMORIAL BLVD., |
| Medicare 1: | | | KERRVILLE, TX 78028 | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | |
| Phone | (830) 895-3111 | Fax | (830) 895-3112 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA KNOX | | | Personal Assistance Services |
| County | KERR | Region | 08 | Date Licensed | 04/05/2016 | Owner Information |
| License # | 017210 | | CARTER HEALTHCARE | | | OMNIPRESENT HOMECARE INC |
| Lic Expire | 10/31/2019 | | 1220 BANDERA HIGHWAY | | | 3435 GREYSTONE DR STE 104 |
| Medicare 1: | | | KERRVILLE, TX 78028 | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (830) 625-4837 | Fax | (830) 625-2194 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES BRIAN CARTER | | | Licensed Home Health Services |
| County | KERR | Region | 08 | Date Licensed | 11/22/2011 | Owner Information |
| License # | 013850 | | CARTER HEALTHCARE | | | CARTER HEALTHCARE OF CENTRAL TEXAS LLC |
| Lic Expire | 10/31/2018 | | 1220 BANDERA HIGHWAY | | | 2163 STEPHENS PLACE |
| Medicare 1: | | | KERRVILLE, TX 78028 | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (866) 338-4854 | Fax | (830) 625-2194 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES BRIAN CARTER | | | Licensed Home Health Services |
| County | KERR | Region | 08 | Date Licensed | 02/09/2017 | Owner Information |
| License # | 017455 | | NEW CENTURY HOSPICE OF SAN ANTONIO | | | COSMOS HOSPICE OF SAN ANTONIO LLC |
| Lic Expire | 01/31/2020 | | 2210 BANDERA HWY STE B-2 | | | PO BOX 4060 |
| Medicare 1: | 671612 | | KERRVILLE, TX 78028 | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (830) 955-5961 | Fax | (830) 955-5965 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | REBECCA PIANT | | | Hospice |
| County | KERR | Region | 08 | Date Licensed | 05/11/2015 | Owner Information |
| License # | 012547 | | PERSONALIZED LIVING AT PATRIOT HEIGHTS | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 04/30/2019 | | 135 PLAZA DRIVE | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | KERRVILLE, TX 78028 | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (830) 895-2626 | Fax | (830) 895-3927 | | | Services: |
| Type: | Branch Agency | Administrator | IVORY DARDEN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---|---------------|------------|---|
| County | KERR | Region | 08 | Date Licensed | 01/01/1990 | Owner Information |
| License # | 002114 | | PETERSON HOME CARE | | | SID PETERSON MEMORIAL HOSPITAL |
| Lic Expire | 12/31/2018 | | 1420 WATER STREET | | | 551 HILL COUNTRY DRIVE |
| Medicare 1: | 677052 | | KERRVILLE, TX 78028 | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | |
| Phone | (830) 257-3111 | Fax | (830) 896-5859 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA GARCEZ | | | Licensed and Certified Home Health Services |
| County | KERR | Region | 08 | Date Licensed | 01/01/1990 | Owner Information |
| License # | 001190 | | PETERSON HOME CARE | | | SID PETERSON MEMORIAL HOSPITAL |
| Lic Expire | 12/31/2018 | | 1420 WATER STREET | | | 551 HILL COUNTRY DRIVE |
| Medicare 1: | | | KERRVILLE, TX 78028 | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | |
| Phone | (830) 257-3111 | Fax | (830) 896-5859 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA GARCEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | KERR | Region | 08 | Date Licensed | 01/24/2007 | Owner Information |
| License # | 011006 | | PETERSON HOSPICE | | | SID PETERSON MEMORIAL HOSPITAL |
| Lic Expire | 01/31/2019 | | 1121 BROADWAY | | | 551 HILL COUNTRY DRIVE |
| Medicare 1: | 671585 | | KERRVILLE, TX 78028 | | | KERRVILLE, TX 78028 |
| Medicare 2: | | | | | | |
| Phone | (830) 258-7799 | Fax | (830) 258-7009 | | | Services: |
| Type: | Parent Agency | Administrator | AMY F IVES | | | Hospice |
| County | KIMBLE | Region | 09 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017417 | | HOME HEALTH SERVICES OF MASON KIMBLE MENARD | | | HILL COUNTRY PREFERRED SENIOR CARE LLC |
| Lic Expire | 12/31/2019 | | 102 N 8TH STREET | | | P O BOX 238 |
| Medicare 1: | 67Q7458001 | | JUNCTION, TX 76849 | | | MASON, TX 76856 |
| Medicare 2: | | | | | | |
| Phone | (325) 446-3706 | Fax | (325) 446-4557 | | | Services: |
| Type: | Branch Agency | Administrator | SYLVIA POPE | | | Licensed and Certified Home Health Services |
| County | KLEBERG | Region | 11 | Date Licensed | 09/23/2015 | Owner Information |
| License # | 014981 | | ALTUS HOSPICE OF CORPUS CHRISTI LP | | | ALTUS HOSPICE OF CORPUS CHRISTI LP |
| Lic Expire | 05/31/2018 | | 921 EAST JOHNSTON STREET | | | 4300 SOUTH PADRE ISLAND DRIVE SUITE 1-1 |
| Medicare 1: | | | KINGSVILLE, TX 78363 | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 221-9600 | Fax | (361) 221-9601 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | YVONNE GARCIA | | | Hospice |
| County | KLEBERG | Region | 11 | Date Licensed | 06/01/2017 | Owner Information |
| License # | 013108 | | ALYDA HOME HEALTH | | | ALYDA HOME HEALTH INC |
| Lic Expire | 02/29/2020 | | 215 W KELBERG AVENUE | | | 13731 TAJAMAR STREET |
| Medicare 1: | | | KINGSVILLE, TX 78363 | | | CORPUS CHRISTI, TX 78418 |
| Medicare 2: | | | | | | |
| Phone | (361) 723-0390 | Fax | (361) 723-0390 | | | Services: |
| Type: | Branch Agency | Administrator | WESLEY STRAWN | | | Personal Assistance Services |
| County | KLEBERG | Region | 11 | Date Licensed | 07/24/2015 | Owner Information |
| License # | 008378 | | ANGEL BRIGHT HOME HEALTH INC | | | ANGEL BRIGHT HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | 2730 S BRAHMA BLVD STE 114 | | | 3221 HOLLY ROAD |
| Medicare 1: | | | KINGSVILLE, TX 78363 | | | CORPUS CHRISTI, TX 78415 |
| Medicare 2: | | | | | | |
| Phone | (361) 595-1727 | Fax | (361) 595-1728 | | | Services: |
| Type: | Branch Agency | Administrator | BRIAN FERNANDEZ | | | Personal Assistance Services |
| County | KLEBERG | Region | 11 | Date Licensed | 05/16/2013 | Owner Information |
| License # | 015546 | | ANGELS OF GOD HOME HEALTH LLC | | | ANGELS OF GOD HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | 117 N 7TH | | | PO BOX 1132 |
| Medicare 1: | | | KINGSVILLE, TX 78363 | | | KINGSVILLE, TX 78364 |
| Medicare 2: | | | | | | |
| Phone | (361) 221-9026 | Fax | (361) 221-9067 | | | Services: |
| Type: | Parent Agency | Administrator | MARY MCILWAIN | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | KLEBERG | Region | 11 | Date Licensed | 09/23/2016 | Owner Information |
| License # | 017649 | | | | | ARCHANGEL HOME HEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | 1716 E AVE F |
| Medicare 1: | | | | | | KINGSVILLE, TX 78363 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 592-1000 | Fax | (361) 592-1001 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMANDA M SOLIS | | | |
| County | KLEBERG | Region | 11 | Date Licensed | 05/26/2017 | Owner Information |
| License # | 018549 | | | | | CITICA HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 207 E KING AVENUE |
| Medicare 1: | 747840 | | | | | KINGSVILLE, TX 78363 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 592-0001 | Fax | (361) 592-3055 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA WITT | | | |
| County | KLEBERG | Region | 11 | Date Licensed | 03/26/2007 | Owner Information |
| License # | 011188 | | | | | ORLANDO FLORES |
| Lic Expire | 03/31/2019 | | | | | 5114 CR 6 |
| Medicare 1: | 747034 | | | | | BISHOP, TX 78343 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 221-9809 | Fax | (361) 221-9510 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MONICA CORTEZ | | | |
| County | KLEBERG | Region | 11 | Date Licensed | 06/30/1999 | Owner Information |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 592-6421 | Fax | (361) 592-5454 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | |
| County | KLEBERG | Region | 11 | Date Licensed | 01/29/2014 | Owner Information |
| License # | 002358 | | | | | E & O HOME HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 691 |
| Medicare 1: | | | | | | KINGSVILLE, TX 78363 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 592-5262 | Fax | (361) 592-0566 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | PATRICIA URESTI PEREZ | | | |
| County | KLEBERG | Region | 11 | Date Licensed | 07/29/1992 | Owner Information |
| License # | 002358 | | | | | E & O HOME HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 691 |
| Medicare 1: | 677517 | | | | | KINGSVILLE, TX 78363 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 592-5262 | Fax | (361) 592-0290 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA URESTI PEREZ | | | |
| County | KLEBERG | Region | 11 | Date Licensed | 09/28/2004 | Owner Information |
| License # | 006350 | | | | | V I P PROVIDERS INC |
| Lic Expire | 03/31/2019 | | | | | P O BOX 836 |
| Medicare 1: | | | | | | PHARR, TX 78577 |
| Medicare 2: | | | | | | Services: |
| Phone | (800) 370-4847 | Fax | (956) 787-5999 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | ISIDORA FARIAS | | | |
| County | KNOX | Region | 02 | Date Licensed | 02/07/1995 | Owner Information |
| License # | 003586 | | | | | KNOX COUNTY HOSPITAL DISTRICT |
| Lic Expire | 02/28/2019 | | | | | PO BOX 608 |
| Medicare 1: | 458324 | | | | | KNOX CITY, TX 79529 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 657-3013 | Fax | (940) 657-5377 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | STEPHEN A KUEHLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | LAMAR | Region | 04 | Date Licensed | 05/22/2006 | Owner Information |
| License # | 010472 | | | | | H & H PARTNERS INC |
| Lic Expire | 05/31/2019 | | | | | 1849 LAMAR AVE STE 200 |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 784-3902 | Fax | (903) 783-9102 | | | Services: |
| Type: | Parent Agency | Administrator | DANA PHILLIPS | | | Personal Assistance Services |
| County | LAMAR | Region | 04 | Date Licensed | 10/07/2013 | Owner Information |
| License # | 002499 | | | | | CYPRESS BASIN HOSPICE INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 544 |
| Medicare 1: | | | | | | MOUNT PLEASANT, TX 75456 |
| Medicare 2: | | | | | | |
| Phone | (903) 905-4574 | Fax | (903) 905-4575 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOHN R. PEARSON | | | Hospice |
| County | LAMAR | Region | 04 | Date Licensed | 02/01/2016 | Owner Information |
| License # | 017249 | | | | | GENCARE HOME HEALTH, LLC |
| Lic Expire | 01/31/2018 | | | | | 810 41ST STREET, SW |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (888) 429-4487 | Fax | (877) 470-0792 | | | Services: |
| Type: | Parent Agency | Administrator | KATHERINE STEVENS | | | Licensed Home Health Services, Personal Assistance Services |
| County | LAMAR | Region | 04 | Date Licensed | 11/04/2008 | Owner Information |
| License # | 012399 | | | | | S FISHER & S THOMAS INC |
| Lic Expire | 11/30/2018 | | | | | 1500 N GREENVILLE AVE, SUITE 300 |
| Medicare 1: | 458041 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | |
| Phone | (903) 737-9865 | Fax | (903) 737-9954 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA PRUETT | | | Licensed and Certified Home Health Services |
| County | LAMAR | Region | 04 | Date Licensed | 11/27/2017 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (903) 664-5300 | Fax | (903) 905-8082 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | LAMAR | Region | 04 | Date Licensed | 03/07/2017 | Owner Information |
| License # | 018042 | | | | | HOMETOWN HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 3025 LAMAR AVE |
| Medicare 1: | 459063 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 784-8088 | Fax | (903) 737-8714 | | | Services: |
| Type: | Parent Agency | Administrator | KENDRA YAROSS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LAMAR | Region | 04 | Date Licensed | 08/12/2016 | Owner Information |
| License # | 017572 | | | | | TRACY TOWNES LLC |
| Lic Expire | 08/31/2018 | | | | | 815 S HOLLEY ST |
| Medicare 1: | | | | | | BLOSSOM, TX 75416 |
| Medicare 2: | | | | | | |
| Phone | (903) 706-1839 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | TRACY TOWNES | | | Personal Assistance Services |
| County | LAMAR | Region | 04 | Date Licensed | 04/30/2014 | Owner Information |
| License # | 016263 | | | | | MAYS HOME HEALTH OF PARIS TX LLC |
| Lic Expire | 04/30/2018 | | | | | 3310 LAMAR AVENUE SUITE A |
| Medicare 1: | 457586 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 785-6297 | Fax | (903) 784-2482 | | | Services: |
| Type: | Parent Agency | Administrator | ERIK K DRENNEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | LAMAR | Region | 04 | Date Licensed | 01/16/2009 | <u>Owner Information</u> |
| License # | 012513 | | | | | MAYS PLUS INC |
| Lic Expire | 01/31/2019 | | | | | 3310 A LAMAR AVENUE |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 783-0525 | Fax | (903) 783-0539 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BARBARA A HUDGINS | | | |
| County | LAMAR | Region | 04 | Date Licensed | 03/17/2011 | <u>Owner Information</u> |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 783-0489 | Fax | (903) 783-0545 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | LAMAR | Region | 04 | Date Licensed | 12/21/2011 | <u>Owner Information</u> |
| License # | 014545 | | | | | ON CALL ELDER CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 147 NORTH COLLEGIATE DRIVE |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 905-4975 | Fax | (903) 784-6310 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PEPPER ANDREWS | | | |
| County | LAMAR | Region | 04 | Date Licensed | 12/30/2011 | <u>Owner Information</u> |
| License # | 014630 | | | | | OCHHR LLC |
| Lic Expire | 12/31/2019 | | | | | 147 NORTH COLLEGIATE DRIVE |
| Medicare 1: | 679762 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 784-6300 | Fax | (903) 784-6310 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PEPPER ANDREWS | | | |
| County | LAMAR | Region | 04 | Date Licensed | 02/01/2016 | <u>Owner Information</u> |
| License # | 017247 | | | | | ON CALL HOSPICE |
| Lic Expire | 01/31/2020 | | | | | 147 N. COLLEGIATE DRIVE |
| Medicare 1: | 741635 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 706-5003 | Fax | (903) 784-6310 | | | Hospice |
| Type: | Parent Agency | Administrator | PEPPER ANDREWS | | | |
| County | LAMAR | Region | 04 | Date Licensed | 05/07/2008 | <u>Owner Information</u> |
| License # | 012003 | | | | | PARIS PEDIATRIC HOME HEALTH CARE INC |
| Lic Expire | 05/31/2018 | | | | | 3605 NE LOOP 286 SUITE 200 |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 737-4337 | Fax | (903) 737-0926 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEANNA NICHOLSON | | | |
| County | LAMAR | Region | 04 | Date Licensed | 09/03/2009 | <u>Owner Information</u> |
| License # | 012836 | | | | | PARIS SIGNATURE HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 420 N COLLEGIATE |
| Medicare 1: | 747363 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 785-4900 | Fax | (903) 784-6658 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMANDA M LILES | | | |
| County | LAMAR | Region | 04 | Date Licensed | 04/11/2005 | <u>Owner Information</u> |
| License # | 009691 | | | | | CODY AND JANA SANDERS INC |
| Lic Expire | 04/30/2018 | | | | | 140 S COLLEGIATE DRIVE |
| Medicare 1: | 457864 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 739-8070 | Fax | (903) 739-8370 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JANA SANDERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | LAMAR | Region | 04 | Date Licensed | 06/16/2011 | Owner Information |
| License # | 014169 | | | | | PLATINUM PALLIATIVE & HOSPICE CARE INC |
| Lic Expire | 06/30/2019 | | | | | 140 SOUTH COLLEGIATE DRIVE SUITE 100 |
| Medicare 1: | 671728 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 783-1818 | Fax | (903) 739-8370 | | | Services: |
| Type: | Parent Agency | Administrator | JANA L SANDERS | | | Hospice |
| County | LAMAR | Region | 04 | Date Licensed | 12/30/2004 | Owner Information |
| License # | 009496 | | | | | PARIS SENIOR CARE GROUP INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 6723 |
| Medicare 1: | 671605 | | | | | PARIS, TX 75461 |
| Medicare 2: | 457835 | | | | | |
| Phone | (903) 737-9010 | Fax | (903) 785-0365 | | | Services: |
| Type: | Parent Agency | Administrator | JEANNA SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| County | LAMAR | Region | 04 | Date Licensed | 07/01/1984 | Owner Information |
| License # | 001497 | | | | | RED RIVER HEALTH CARE SYSTEMS INC |
| Lic Expire | 06/30/2018 | | | | | 308 EAST CHESTNUT STREET |
| Medicare 1: | | | | | | DENISON, TX 75021 |
| Medicare 2: | | | | | | |
| Phone | (903) 785-4070 | Fax | (903) 785-9725 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE WIDEMAN | | | Personal Assistance Services |
| County | LAMAR | Region | 04 | Date Licensed | 12/18/2003 | Owner Information |
| License # | 008818 | | | | | RED RIVER HOMECARE LLC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 51266 |
| Medicare 1: | 453151 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | |
| Phone | (903) 739-9483 | Fax | (903) 739-8850 | | | Services: |
| Type: | Parent Agency | Administrator | DEVRI DANNETTE WIBLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LAMAR | Region | 04 | Date Licensed | 03/14/2016 | Owner Information |
| License # | 017326 | | | | | ENERGYDOCS LLC |
| Lic Expire | 03/31/2018 | | | | | 16400 DALLAS PARKWAY, STE#100 |
| Medicare 1: | 451510 | | | | | DALLAS, TX 75248 |
| Medicare 2: | | | | | | |
| Phone | (903) 785-4357 | Fax | (903) 784-2487 | | | Services: |
| Type: | Parent Agency | Administrator | ELENA LANSDELL | | | Hospice |
| County | LAMAR | Region | 04 | Date Licensed | 06/16/2017 | Owner Information |
| License # | 018405 | | | | | P&H HEALTHCARE SOLUTIONS LLC |
| Lic Expire | 06/30/2019 | | | | | 35 12TH ST |
| Medicare 1: | | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 401-8958 | Fax | (866) 809-6266 | | | Services: |
| Type: | Parent Agency | Administrator | WILLIAM JASON MIZE | | | Licensed Home Health Services, Personal Assistance Services |
| County | LAMAR | Region | 04 | Date Licensed | 11/14/2011 | Owner Information |
| License # | 014472 | | | | | WATERFORD HOSPICE LLC |
| Lic Expire | 11/30/2019 | | | | | 420 NORTH COLLEGIATE DRIVE |
| Medicare 1: | 671740 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 785-1800 | Fax | (903) 784-6658 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA JACKSON-LILES | | | Hospice |
| County | LAMB | Region | 01 | Date Licensed | 03/23/2016 | Owner Information |
| License # | 017324 | | | | | JAN DEE MANAGEMENT SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 1400 MAIN STREET |
| Medicare 1: | | | | | | AMHERST, TX 79312 |
| Medicare 2: | | | | | | |
| Phone | (806) 246-3505 | Fax | (806) 246-3507 | | | Services: |
| Type: | Parent Agency | Administrator | BRYAN PARR | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | LAMB | Region | 01 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009509 | | | | | CALVERT HOME HEALTH CARE LTD |
| Lic Expire | 12/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7109003 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (803) 385-1904 | Fax | (806) 385-5905 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LAMB | Region | 01 | Date Licensed | 07/08/2005 | Owner Information |
| License # | 009857 | | | | | LEGACY OF LOVE HOSPICE INC |
| Lic Expire | 07/31/2018 | | | | | PO DRAWER 1308 |
| Medicare 1: | 671515 | | | | | LITTLEFIELD, TX 79339 |
| Medicare 2: | | | | | | |
| Phone | (806) 385-9329 | Fax | (806) 385-9340 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA ANN BROWN | | | Hospice |
| County | LAVACA | Region | 08 | Date Licensed | 08/06/2008 | Owner Information |
| License # | 012245 | | | | | FAITH NICHOLS |
| Lic Expire | 08/31/2018 | | | | | P O BOX 609 |
| Medicare 1: | | | | | | MOULTON, TX 77975 |
| Medicare 2: | | | | | | |
| Phone | (361) 293-5795 | Fax | (361) 798-9444 | | | Services: |
| Type: | Branch Agency | Administrator | CARRIE RENKEN | | | Licensed Home Health Services |
| County | LAVACA | Region | 08 | Date Licensed | 03/24/2011 | Owner Information |
| License # | 013980 | | | | | SAMMI L. SILGERO |
| Lic Expire | 03/31/2019 | | | | | P. O. BOX 365 |
| Medicare 1: | | | | | | HALLETTSVILLE, TX 77964 |
| Medicare 2: | | | | | | |
| Phone | (361) 798-9400 | Fax | (361) 798-9390 | | | Services: |
| Type: | Parent Agency | Administrator | SAMMI L SILGERO | | | Personal Assistance Services |
| County | LAVACA | Region | 08 | Date Licensed | 06/23/1995 | Owner Information |
| License # | 001930 | | | | | HOSPICE OF SOUTH TEXAS INC |
| Lic Expire | 06/30/2019 | | | | | 605 EAST LOCUST |
| Medicare 1: | 451525 | | | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | |
| Phone | (361) 798-2077 | Fax | (361) 798-2176 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | TERRY ROBINSON | | | Hospice |
| County | LAVACA | Region | 08 | Date Licensed | 11/06/2017 | Owner Information |
| License # | 018542 | | | | | ADVANCED HH, LLC |
| Lic Expire | 11/30/2019 | | | | | 1064 E IRELAND ST |
| Medicare 1: | 67Q7247001 | | | | | SEGUIN, TX 78155 |
| Medicare 2: | | | | | | |
| Phone | (361) 596-8161 | Fax | (361) 596-8163 | | | Services: |
| Type: | Branch Agency | Administrator | MICHAEL THIEL | | | Licensed and Certified Home Health Services |
| County | LIBERTY | Region | 06 | Date Licensed | 04/30/2015 | Owner Information |
| License # | 017069 | | | | | WISDOM HOME HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 509 S WASHINGTON AVE STE 140 |
| Medicare 1: | 457837 | | | | | CLEVELAND, TX 77327 |
| Medicare 2: | | | | | | |
| Phone | (281) 940-7365 | Fax | (866) 691-3181 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA BETANCOURT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LIBERTY | Region | 06 | Date Licensed | 05/25/2011 | Owner Information |
| License # | 014264 | | | | | KAMAI INC |
| Lic Expire | 05/31/2019 | | | | | 127 N SAN JACINTO AVE STE 212 |
| Medicare 1: | 679614 | | | | | CLEVELAND, TX 77327 |
| Medicare 2: | | | | | | |
| Phone | (832) 230-1567 | Fax | (888) 637-1743 | | | Services: |
| Type: | Parent Agency | Administrator | EDITH NICOLE MILLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------------|---------------|------------|--|
| County | LIBERTY | Region | 06 | Date Licensed | 12/22/2015 | Owner Information |
| License # | 017191 | | | | | SOLACE HOME HEALTH CARE SERVICES, LLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1624 |
| Medicare 1: | | | | | | CLEVELAND, TX 77328 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 592-0977 | Fax | (281) 592-0970 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHASITY G WOOD | | | |
| County | LIBERTY | Region | 06 | Date Licensed | 04/22/2004 | Owner Information |
| License # | 007959 | | | | | TAWL HEALTH CARE INC |
| Lic Expire | 02/29/2020 | | | | | 9898 BISSONETT SUITE 600 |
| Medicare 1: | 45Q9292001 | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 432-2340 | Fax | (281) 593-3511 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | TONG MU | | | |
| County | LIBERTY | Region | 06 | Date Licensed | 02/11/2004 | Owner Information |
| License # | 008904 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 02/28/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 673151 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 592-7102 | Fax | (281) 592-9537 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TY JELINEK | | | |
| County | LIBERTY | Region | 06 | Date Licensed | 12/14/2010 | Owner Information |
| License # | 013770 | | | | | TRICARE HOSPICE, LLC |
| Lic Expire | 12/31/2018 | | | | | 605 ROCKMEAD DR. SUITE 100 |
| Medicare 1: | 671693 | | | | | KINGWOOD, TX 77339 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 358-8000 | Fax | (281) 358-7999 | | | Hospice |
| Type: | Parent Agency | Administrator | BRANDI TRAHAN | | | |
| County | LIBERTY | Region | 06 | Date Licensed | 01/30/2003 | Owner Information |
| License # | 008437 | | | | | ANGELS ABOVE US INC |
| Lic Expire | 01/31/2020 | | | | | 2345 NORTH MAIN STREET |
| Medicare 1: | 679125 | | | | | LIBERTY, TX 77575 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 336-2224 | Fax | (936) 336-2231 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHERRY MICHELLE LITTLE | | | |
| County | LIMESTONE | Region | 07 | Date Licensed | 05/03/2010 | Owner Information |
| License # | 009082 | | | | | HEIGHTS SUPPORT SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 333 INDIAN TRAIL |
| Medicare 1: | | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 729-0336 | Fax | (254) 953-4708 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | DENISE MILLER | | | |
| County | LIMESTONE | Region | 07 | Date Licensed | 01/13/2017 | Owner Information |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 472-0075 | Fax | (254) 472-0804 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KIRK COATES | | | |
| County | LIMESTONE | Region | 07 | Date Licensed | 02/08/2018 | Owner Information |
| License # | 018603 | | | | | KUH-NEKT HEALTHCARE SOLUTIONS LLC |
| Lic Expire | 02/29/2020 | | | | | 1129 E. SUMPTER STREET |
| Medicare 1: | | | | | | MEXIA, TX 76667 |
| Medicare 2: | | | | | | Services: |
| Phone | (833) 584-6358 | Fax | (833) 228-3854 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LA SHAWN HARBERT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | LIMESTONE | Region | 07 | Date Licensed | 04/18/2002 | Owner Information |
| License # | 007477 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 11/30/2019 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 694-6009 | Fax | (254) 399-8397 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | AUDREY WILLIAMS | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 11/29/2005 | Owner Information |
| License # | 009402 | | | | | KINDSTAR INC |
| Lic Expire | 11/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 67Q9485004 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 744-0043 | Fax | (806) 744-0093 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DONEISE SCOTT | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 11/12/2004 | Owner Information |
| License # | 009402 | | | | | KINDSTAR INC |
| Lic Expire | 11/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 679485 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 791-2100 | Fax | (806) 791-2105 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONEISE SCOTT | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 07/23/2008 | Owner Information |
| License # | 012120 | | | | | KINDSTAR INC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | 451774 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 788-0158 | Fax | (806) 788-1561 | | | Hospice |
| Type: | Parent Agency | Administrator | AMANDA HUNSAKER | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 12/29/2009 | Owner Information |
| License # | 013055 | | | | | AMERICAN STAR HOME HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 3805 22ND STREET SUITE 1-C |
| Medicare 1: | 747506 | | | | | LUBBOCK, TX 79410 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 687-6547 | Fax | (806) 687-7276 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ASIF QAMAR | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 02/08/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 744-8999 | Fax | (806) 744-8994 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 11/28/2012 | Owner Information |
| License # | 015236 | | | | | BEST IN HOME CARE LLC |
| Lic Expire | 11/30/2018 | | | | | 5145 69TH STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 368-7985 | Fax | (806) 398-4344 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | YVONNE WOODY | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018372 | | | | | BEYONDFaITH HOMECARE & REHAB LLC |
| Lic Expire | 08/31/2019 | | | | | 5340 LEGACY DRIVE SUITE 150 |
| Medicare 1: | 679374 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 798-5683 | Fax | (806) 798-2443 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | HEATHER MAY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | LUBBOCK | Region | 01 | Date Licensed | 08/04/2015 | Owner Information |
| License # | 016950 | | | | | BEYONDFaITH HOSPICE OF LUBBOCK LLC |
| Lic Expire | 08/31/2019 | | | | | 4511 B UNIVERSITY |
| Medicare 1: | 741629 | | | | | LUBBOCK, TX 79413 |
| Medicare 2: | | | | | | |
| Phone | (806) 797-0000 | Fax | (806) 797-0101 | | | Services: |
| Type: | Parent Agency | Administrator | TIFFANY M JOBE | | | Hospice |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/11/2010 | Owner Information |
| License # | 013786 | | | | | HIGHER EXPECTATIONS LLC |
| Lic Expire | 10/31/2018 | | | | | 6701 ABERDEEN SUITE 6 |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 745-9996 | Fax | (806) 745-9998 | | | Services: |
| Type: | Parent Agency | Administrator | LISA VELASQUEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009509 | | | | | CALVERT HOME HEALTH CARE LTD |
| Lic Expire | 12/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 677109 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 747-8972 | Fax | (806) 762-0905 | | | Services: |
| Type: | Parent Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009509 | | | | | CALVERT HOME HEALTH CARE LTD |
| Lic Expire | 12/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7109005 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 281-6192 | Fax | (806) 791-3415 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009509 | | | | | CALVERT HOME HEALTH CARE LTD |
| Lic Expire | 12/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7109004 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 793-2662 | Fax | (806) 793-2636 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/04/2008 | Owner Information |
| License # | 012273 | | | | | CORDOVA BAY LTD |
| Lic Expire | 10/31/2018 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 67Q7078002 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 783-8878 | Fax | (806) 783-8986 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON RN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 06/13/2013 | Owner Information |
| License # | 015600 | | | | | THREE SAINTS BAY LTD |
| Lic Expire | 06/30/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 722-4900 | Fax | (806) 722-4898 | | | Services: |
| Type: | Parent Agency | Administrator | BRADLEY E MADISON | | | Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/09/1989 | Owner Information |
| License # | 001401 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | 457548 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 792-2660 | Fax | (806) 792-1347 | | | Services: |
| Type: | Parent Agency | Administrator | ROSAURA CLAY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | LUBBOCK | Region | 01 | Date Licensed | 08/20/2013 | Owner Information |
| License # | 012311 | | | | | OCI ACQUISITION LLC |
| Lic Expire | 09/30/2018 | | | | | 4300 SIGMA ROAD SUITE 130 |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 686-0429 | Fax | (806) 300-0230 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 09/12/2016 | Owner Information |
| License # | 009669 | | | | | DJK HOME HEALTHCARE LLC |
| Lic Expire | 03/31/2018 | | | | | 901 WATERFALL WAY SUITE 105 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 367-6612 | Fax | (806) 367-7148 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KARA GAUT | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 08/20/2015 | Owner Information |
| License # | 016988 | | | | | 2C PROFIT LLC |
| Lic Expire | 08/31/2019 | | | | | 2517-74TH STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 687-7800 | Fax | (806) 745-4559 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FELISA (LISA) CARSON | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 12/18/2003 | Owner Information |
| License # | 008819 | | | | | 2C PROFIT LLC |
| Lic Expire | 12/31/2019 | | | | | 2517-74TH STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 687-7800 | Fax | (806) 745-4559 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELISA CARSON | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 12/01/1998 | Owner Information |
| License # | 007152 | | | | | CC HOME HEALTH LUBBOCK LLC |
| Lic Expire | 11/30/2018 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 671610 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | 459427 | | | | | Services: |
| Phone | (806) 785-7903 | Fax | (806) 785-7918 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | MELISSA AVILA | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 05/08/2003 | Owner Information |
| License # | 007152 | | | | | CC HOME HEALTH LUBBOCK LLC |
| Lic Expire | 11/30/2018 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 45Q9427001 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 785-7903 | Fax | (806) 291-0402 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MELISSA AVILA | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/13/2017 | Owner Information |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 784-0722 | Fax | (806) 784-0753 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KIRK COATES | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 04/19/1990 | Owner Information |
| License # | 002112 | | | | | DIRECT HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 5902 66TH STREET |
| Medicare 1: | 677264 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | 671697 | | | | | Services: |
| Phone | (806) 793-3999 | Fax | (806) 793-2592 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | JENNY STROUD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | LUBBOCK | Region | 01 | Date Licensed | 08/01/2013 | Owner Information |
| License # | 015691 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 07/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 701-5488 | Fax | (806) 701-5642 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CATHERINE HERMENS | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 04/01/2011 | Owner Information |
| License # | 014033 | | | | | ABBA HOME HEALTH, LP |
| Lic Expire | 03/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 679022 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 794-3555 | Fax | (806) 794-9303 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | AMBER "NIKKI" BRYSON-CAGE | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 03/28/2012 | Owner Information |
| License # | 015024 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 780-4180 | Fax | (806) 744-7458 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMY ELMORE | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 05/02/1996 | Owner Information |
| License # | 004822 | | | | | LUBBOCK ESSENTIAL HOME HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | P O BOX 10725 |
| Medicare 1: | 457822 | | | | | LUBBOCK, TX 79408 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 747-4229 | Fax | (806) 747-5202 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSIE ALVARADO | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/09/2015 | Owner Information |
| License # | 016596 | | | | | UNTEDEWARD LLC |
| Lic Expire | 01/31/2019 | | | | | 5808 13TH STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79416 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 831-8600 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HUNTER HALFORD | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011726 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 747-0173 | Fax | (806) 747-0491 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | LISA CUPPS | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 12/03/2003 | Owner Information |
| License # | 008789 | | | | | TEAM BAUGH LLC |
| Lic Expire | 12/31/2019 | | | | | 1010 SLIDE ROAD |
| Medicare 1: | | | | | | LUBBOCK, TX 79416 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 281-4663 | Fax | (806) 281-4606 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHANIE DODSON | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 09/04/1987 | Owner Information |
| License # | 001878 | | | | | HOSPICE OF LUBBOCK INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 16800 |
| Medicare 1: | 451519 | | | | | LUBBOCK, TX 79490 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 795-2751 | Fax | (806) 795-8464 | | | Hospice |
| Type: | Parent Agency | Administrator | JEREMY L BROWN, MD | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | LUBBOCK | Region | 01 | Date Licensed | 12/31/2014 | Owner Information |
| License # | 016805 | | | | | SOUTH PLAINS HEALTHCARE, INC. |
| Lic Expire | 12/31/2018 | | | | | 4413 82ND ST SUITE 135 |
| Medicare 1: | 671667 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 747-9484 | Fax | (806) 747-9497 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT SCOTT MYERS | | | Hospice |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/31/2001 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Parent Agency | Administrator | PAM FARMER | | | Licensed Home Health Services, Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/11/2007 | Owner Information |
| License # | 007781 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 67Q7566007 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRI LASEMEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/31/2001 | Owner Information |
| License # | 007781 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 677566 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Parent Agency | Administrator | SHERRI LASEMEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 05/09/2012 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed Home Health Services, Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/26/2011 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed Home Health Services, Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/20/2011 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed Home Health Services, Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/20/2011 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 791-0042 | Fax | (806) 797-6694 | | | Services: |
| Type: | Branch Agency | Administrator | PAM FARMER | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------------|---------------|------------|--|
| County | LUBBOCK | Region | 01 | Date Licensed | 06/15/2015 | <u>Owner Information</u> |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 791-0043 | Fax | (806) 687-5958 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 06/08/2006 | <u>Owner Information</u> |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | 671561 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 791-0043 | Fax | (806) 687-5958 | | | Hospice |
| Type: | Parent Agency | Administrator | DIANA LESLIE | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 11/30/2007 | <u>Owner Information</u> |
| License # | 011741 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 459496 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 784-3838 | Fax | (806) 788-1515 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DENISE LAMBERT | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 08/01/1996 | <u>Owner Information</u> |
| License # | 005035 | | | | | FAMILY HOSPICE LTD |
| Lic Expire | 07/31/2018 | | | | | 12900 FOSTER STREET SUITE #400 |
| Medicare 1: | 451520 | | | | | OVERLAND, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 748-1041 | Fax | (806) 765-1753 | | | Hospice |
| Type: | Parent Agency | Administrator | ROBIN MOORE | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 10/28/1997 | <u>Owner Information</u> |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 792-9197 | Fax | (806) 793-7527 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/28/2003 | <u>Owner Information</u> |
| License # | 007335 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 794-3796 | Fax | (806) 794-6953 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | EADIE REYNOLDS | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/26/2018 | <u>Owner Information</u> |
| License # | 018575 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 792-0111 | Fax | (806) 792-0352 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRISCILLA MARTINEZ | | | |
| County | LUBBOCK | Region | 01 | Date Licensed | 08/31/2010 | <u>Owner Information</u> |
| License # | 013601 | | | | | PEGASUS HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | 2302 34TH STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79411 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 784-0033 | Fax | (806) 784-0603 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHARON ANNETTE SCARBOROUGH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------------|---------------|------------|--|
| County | LUBBOCK | Region | 01 | Date Licensed | 08/31/2010 | <u>Owner Information</u> |
| License # | 013599 | | | | | PHOENIX HOME CARE SERVICE INC |
| Lic Expire | 08/31/2018 | | | | | 2302 34TH STREET |
| Medicare 1: | 458232 | | | | | LUBBOCK, TX 79411 |
| Medicare 2: | | | | | | |
| Phone | (806) 784-0033 | Fax | (806) 784-0603 | | | Services: |
| Type: | Parent Agency | Administrator | SHARON ANNETTE SCARBOROUGH | | | Licensed and Certified Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 08/18/2017 | <u>Owner Information</u> |
| License # | 018263 | | | | | REHABCARE |
| Lic Expire | 08/31/2019 | | | | | 6806 43RD STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79407 |
| Medicare 2: | | | | | | |
| Phone | (806) 281-5600 | Fax | (806) 799-3714 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH RAINBOLT | | | Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 09/18/1985 | <u>Owner Information</u> |
| License # | 000750 | | | | | SOUTH PLAINS COMMUNITY ACTION ASSOCIATION INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 610 |
| Medicare 1: | | | | | | LEVELLAND, TX 79336 |
| Medicare 2: | | | | | | |
| Phone | (806) 797-6393 | Fax | (806) 797-6397 | | | Services: |
| Type: | Parent Agency | Administrator | MARY OLIVAREZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 12/22/2011 | <u>Owner Information</u> |
| License # | 014547 | | | | | MHK HOLDINGS INC |
| Lic Expire | 12/31/2017 | | | | | 2505 79TH STREET, SUITE B |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 589-0400 | Fax | (888) 606-1222 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER SWAIN GALINDO | | | Personal Assistance Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 11/01/2016 | <u>Owner Information</u> |
| License # | 017836 | | | | | FIRST CHOICE CHILDRENS HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 701 EDGEWATER DRIVE SUITE 300 |
| Medicare 1: | | | | | | WAKEFIELD, MA 01880 |
| Medicare 2: | | | | | | |
| Phone | (806) 687-3124 | Fax | (806) 687-3358 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE HOLFUS | | | Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 12/22/2011 | <u>Owner Information</u> |
| License # | 014666 | | | | | LUBBOCK COUNTY HOSPITAL DISTRICT |
| Lic Expire | 12/31/2019 | | | | | PO BOX 5980 |
| Medicare 1: | 677088 | | | | | LUBBOCK, TX 79408 |
| Medicare 2: | | | | | | |
| Phone | (806) 747-5377 | Fax | (806) 747-5465 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA VELARDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | LUBBOCK | Region | 01 | Date Licensed | 01/15/2004 | <u>Owner Information</u> |
| License # | 008861 | | | | | ANGELS FOR HIRE LP |
| Lic Expire | 01/31/2018 | | | | | 5109 82ND STREET # 7 PMB 1214 |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 687-2780 | Fax | (806) 687-2784 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINA "TINA" SWEAT | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|--------------------------|---------------|------------|---|
| County | LYNN | Region | 01 | Date Licensed | 07/01/2007 | Owner Information GBA HOLDING INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 |
| License # | 011445 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 458364 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 828-3100 | Fax | (806) 828-3080 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WENDY SHOEMAKER | | | |
| County | MADISON | Region | 07 | Date Licensed | 03/29/2012 | Owner Information TRADITIONS HEALTH CARE OF MADISONVILLE, LLC P. O BOX 9980 COLLEGE STATION, TX 77842 |
| License # | 014718 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | 747834 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (936) 348-2707 | Fax | (936) 348-2927 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RUSSELL WESLEY RIDENHOUR | | | |
| County | MARION | Region | 04 | Date Licensed | 04/09/2014 | Owner Information AMAZING HEARTS HOMECARE AND STAFFING LLC 701 N CASS ST JEFFERSON, TX 75657 |
| License # | 016140 | | | | | |
| Lic Expire | 04/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 742-4139 | Fax | (903) 742-4140 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TOSHA MOORE | | | |
| County | MARION | Region | 04 | Date Licensed | 03/19/2003 | Owner Information FIRST IN PEDIATRICS HOME HEALTH CARE INC P.O. BOX 901 JEFFERSON, TX 75657 |
| License # | 008366 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 665-6131 | Fax | (903) 665-7244 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHARON H BONNER | | | |
| County | MARION | Region | 04 | Date Licensed | 10/13/2017 | Owner Information HERITAGE HOSPICE OF TEXARKANA LLC 4605 TEXAS BLVD TEXARKANA, TX 75503 |
| License # | 018375 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 671646 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 665-8828 | Fax | (903) 665-8890 | | | Services: Hospice |
| Type: | Alternate Delivery Site | Administrator | JEFF ESTES | | | |
| County | MARION | Region | 04 | Date Licensed | 11/01/2002 | Owner Information JORDAN HOME HEALTH CARE LLC 14295 MIDWAY RD. STE. 400 ADDISON, TX 75001 |
| License # | 008181 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 45Q7015001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 665-2142 | Fax | (903) 793-1976 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | REBA GAIL BUTLER | | | |
| County | MARTIN | Region | 09 | Date Licensed | 10/01/2014 | Owner Information TRULITE HOME CARE, INC. P.O BOX 1224 STANTON, TX 79782 |
| License # | 016539 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 678485 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (432) 607-2516 | Fax | (432) 607-2519 | | | Services: Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADRIAN HERNANDEZ | | | |
| County | MASON | Region | 09 | Date Licensed | 07/18/2016 | Owner Information HOME PREFERRED SENIOR CARE 9, LLC PO BOX 1007 MASON, TX 76856 |
| License # | 017679 | | | | | |
| Lic Expire | 07/31/2018 | | | | | |
| Medicare 1: | 679469 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (325) 347-9600 | Fax | (325) 347-9700 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | PENNY WILLIAMS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-------------------------|---------------|------------|--|
| County | MASON | Region | 09 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017417 | | | | | HILL COUNTRY PREFERRED SENIOR CARE LLC |
| Lic Expire | 12/31/2019 | | | | | P O BOX 238 |
| Medicare 1: | 677458 | | | | | MASON, TX 76856 |
| Medicare 2: | | | | | | |
| Phone | (325) 347-5145 | Fax | (325) 347-6916 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA POPE | | | Licensed and Certified Home Health Services |
| County | MASON | Region | 09 | Date Licensed | 03/02/2016 | Owner Information |
| License # | 017587 | | | | | HILL COUNTRY PREFERRED SENIOR CARE LLC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 238 |
| Medicare 1: | | | | | | MASON, TX 76856 |
| Medicare 2: | | | | | | |
| Phone | (325) 347-6346 | Fax | (325) 347-5784 | | | Services: |
| Type: | Parent Agency | Administrator | PENNY WILLIAMS | | | Licensed Home Health Services, Personal Assistance Services |
| County | MATAGORDA | Region | 06 | Date Licensed | 04/17/2003 | Owner Information |
| License # | 008427 | | | | | E MEDICAL GROUP INC |
| Lic Expire | 04/30/2018 | | | | | 2803 7TH STREET |
| Medicare 1: | 679345 | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (979) 244-0600 | Fax | (979) 244-4505 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA CRAWFORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MATAGORDA | Region | 06 | Date Licensed | 02/27/2014 | Owner Information |
| License # | 016054 | | | | | PEGGS HOME HEALTH STAFFING OF TEXAS LLC |
| Lic Expire | 02/28/2018 | | | | | 1713 MERLIN SUITE 3 |
| Medicare 1: | | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (979) 245-1300 | Fax | (979) 244-4233 | | | Services: |
| Type: | Parent Agency | Administrator | MICHAEL A PEGGS SR | | | Personal Assistance Services |
| County | MATAGORDA | Region | 06 | Date Licensed | 08/27/2013 | Owner Information |
| License # | 015733 | | | | | CMB HEALTHCARE, INCORPORATED |
| Lic Expire | 08/31/2019 | | | | | 1400 8TH ST, SUITE 6B |
| Medicare 1: | | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (281) 818-7965 | Fax | (281) 936-0299 | | | Services: |
| Type: | Parent Agency | Administrator | ROSELINE ANETOR-OGBEIFO | | | Licensed Home Health Services, Personal Assistance Services |
| County | MATAGORDA | Region | 06 | Date Licensed | 02/21/2013 | Owner Information |
| License # | 015381 | | | | | HARBOR HOSPICE OF BAY CITY, LP |
| Lic Expire | 02/28/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 671784 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (979) 476-3168 | Fax | (979) 476-3169 | | | Services: |
| Type: | Parent Agency | Administrator | RACHEAL MILLER | | | Hospice |
| County | MATAGORDA | Region | 06 | Date Licensed | 10/15/2014 | Owner Information |
| License # | 016603 | | | | | AMIGOS CRISTIANOS LLC |
| Lic Expire | 10/31/2018 | | | | | 1700 6TH STREET |
| Medicare 1: | 679461 | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (979) 323-7099 | Fax | (979) 323-0555 | | | Services: |
| Type: | Parent Agency | Administrator | IRMA OCHOA | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | MATAGORDA | Region | 06 | Date Licensed | 12/04/2013 | Owner Information |
| License # | 015988 | | | | | STAT HOME HEALTH HOUSTON BELLAIRE, LLC |
| Lic Expire | 12/31/2017 | | | | | 10615 JEFFERSON HIGHWAY |
| Medicare 1: | 45Q7537001 | | | | | BATON ROUGE, LA 70809 |
| Medicare 2: | | | | | | |
| Phone | (281) 334-2229 | Fax | (281) 334-1678 | | | Services: |
| Type: | Branch Agency | Administrator | PEGGY NORREGAARD | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|--|
| County | MATAGORDA | Region | 06 | Date Licensed | 08/24/2012 | Owner Information |
| License # | 015030 | | | | | ULTIMET HEALTH SERVICES, INCORPORATED |
| Lic Expire | 08/31/2018 | | | | | 1400 8TH STREET SUITE 6B1 |
| Medicare 1: | | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (346) 400-7040 | Fax | (832) 772-7788 | | | Services: |
| Type | Parent Agency | Administrator | FLORENCE OKAFOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 11/21/2011 | Owner Information |
| License # | 013879 | | | | | VINTON & LONGORIA LLC |
| Lic Expire | 11/30/2018 | | | | | 1325 N. FLORES SUITE 114 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (830) 758-0050 | Fax | (830) 758-0052 | | | Services: |
| Type | Branch Agency | Administrator | IRMA S VINTON | | | Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 10/30/2007 | Owner Information |
| License # | 009636 | | | | | A PLUS FAMILY CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 5002 WEST AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (830) 758-1800 | Fax | (830) 758-1874 | | | Services: |
| Type | Branch Agency | Administrator | MOHAMED H. GHANNAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 06/11/2010 | Owner Information |
| License # | 013388 | | | | | ANTHEM HEALTHCARE INC |
| Lic Expire | 06/30/2018 | | | | | 1615 S. VETERANS BLVD |
| Medicare 1: | 747874 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 776-7068 | Fax | (866) 571-0395 | | | Services: |
| Type | Parent Agency | Administrator | CHELSEY CAMPOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 09/13/2011 | Owner Information |
| License # | 014398 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (830) 773-5733 | Fax | (830) 757-2969 | | | Services: |
| Type | Branch Agency | Administrator | JOVIE CANTU | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 09/01/2010 | Owner Information |
| License # | 010629 | | | | | AXIOM HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 5002 WEST AVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | |
| Phone | (830) 757-8900 | Fax | (830) 757-8902 | | | Services: |
| Type | Branch Agency | Administrator | TORRIE L COMMERFORD | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 08/03/2009 | Owner Information |
| License # | 012757 | | | | | EAGLE PASS HOME HEALTH SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 2149 DEL RIO BLVD STE303 |
| Medicare 1: | 747509 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 757-4000 | Fax | (830) 757-4206 | | | Services: |
| Type | Parent Agency | Administrator | MARIA CASARES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 01/05/2011 | Owner Information |
| License # | 009908 | | | | | EN SU CASA PRIMARY HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 401 S. PRESA ST., |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78205 |
| Medicare 2: | | | | | | |
| Phone | (830) 758-5959 | Fax | (210) 403-0360 | | | Services: |
| Type | Branch Agency | Administrator | LINDA SMITH | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|-------------------|---------------|------------|--|
| County | MAVERICK | Region | 08 | Date Licensed | 11/10/2010 | <u>Owner Information</u> |
| License # | 013706 | | | | | PALLIATIVE PLUS, LLC |
| Lic Expire | 11/30/2018 | | | | | 4203 WOODCOCK DRIVE STE 206 |
| Medicare 1: | 671695 | | | | | SAN ANTONIO, TX 78228 |
| Medicare 2: | | | | | | |
| Phone | (830) 752-1655 | Fax | (830) 752-1605 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELICA MARTINEZ | | | Hospice |
| County | MAVERICK | Region | 08 | Date Licensed | 04/24/2005 | <u>Owner Information</u> |
| License # | 009852 | | | | | MAVERICK ADULT DAY CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 3147 MEGAN STREET STE#1 |
| Medicare 1: | 451745 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 757-0966 | Fax | (830) 757-0976 | | | Services: |
| Type: | Parent Agency | Administrator | RAPHAEL SANTANA | | | Licensed Home Health Services, Hospice |
| County | MAVERICK | Region | 08 | Date Licensed | 11/19/2009 | <u>Owner Information</u> |
| License # | 013049 | | | | | LA GUADALUPANA PRIMARY HOME CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 338 N MONROE STREET |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 758-1307 | Fax | (830) 757-8503 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD GARZA | | | Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 11/17/1994 | <u>Owner Information</u> |
| License # | 003516 | | | | | LOPEZ HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2209 NORTH HIGHWAY 83 |
| Medicare 1: | | | | | | CRYSTAL CITY, TX 78839 |
| Medicare 2: | | | | | | |
| Phone | (830) 757-3525 | Fax | (830) 757-0876 | | | Services: |
| Type: | Branch Agency | Administrator | VICTOR LOPEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 12/01/2002 | <u>Owner Information</u> |
| License # | 008267 | | | | | RIO BRAVO HEALTH SYSTEM LLC |
| Lic Expire | 11/30/2019 | | | | | P O BOX 5805 |
| Medicare 1: | 677144 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 773-5330 | Fax | (830) 773-4078 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR A GONZALEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 06/27/2006 | <u>Owner Information</u> |
| License # | 010575 | | | | | DOS FRONTERAS LLC |
| Lic Expire | 06/30/2018 | | | | | 2822 N VETERANS BLVD STE B |
| Medicare 1: | 671598 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | |
| Phone | (830) 757-1362 | Fax | (830) 757-4336 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE HERNANDEZ | | | Hospice |
| County | MAVERICK | Region | 08 | Date Licensed | 04/06/2015 | <u>Owner Information</u> |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (844) 687-2565 | Fax | (800) 918-4350 | | | Services: |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 12/15/2006 | <u>Owner Information</u> |
| License # | 010971 | | | | | NATIONAL MEDICAL HOMECARE INC |
| Lic Expire | 12/31/2019 | | | | | 85 NE LOOP 410 STE 500 |
| Medicare 1: | 457906 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (830) 757-0900 | Fax | (830) 757-0908 | | | Services: |
| Type: | Parent Agency | Administrator | ALBERTO BANDA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|------------------|---------------|------------|--|
| County | MAVERICK | Region | 08 | Date Licensed | 07/20/2011 | Owner Information |
| License # | 007510 | | | | | NATIONAL NURSING & REHAB INC |
| Lic Expire | 09/30/2018 | | | | | 5656 SOUTH STAPLES SUITE 210 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 225-3492 | Fax | (361) 225-4409 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PATRICIA DISHER | | | |
| County | MAVERICK | Region | 08 | Date Licensed | 08/06/2008 | Owner Information |
| License # | 012136 | | | | | NEW GLORIOUS HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 2149 DEL RIO BLVD. #204 |
| Medicare 1: | 747431 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 758-0265 | Fax | (830) 758-1736 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA GUTIERRES | | | |
| County | MAVERICK | Region | 08 | Date Licensed | 05/18/2011 | Owner Information |
| License # | 015566 | | | | | NURSE PLACEMENT SERVICES |
| Lic Expire | 05/31/2019 | | | | | 1109 FERRY STREET SUITE C |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | HARLINGEN, TX 78550 |
| Phone | (830) 773-5733 | Fax | (830) 757-2969 | | | Services: |
| Type: | Branch Agency | Administrator | JOHN M SAENZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | MAVERICK | Region | 08 | Date Licensed | 12/08/2004 | Owner Information |
| License # | 007332 | | | | | OUTREACH HOME CARE |
| Lic Expire | 05/31/2019 | | | | | 1571 VETERANS BLVD SUITE A |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 773-6217 | Fax | (830) 773-6260 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TRACIE PHELPS | | | |
| County | MAVERICK | Region | 08 | Date Licensed | 06/02/2008 | Owner Information |
| License # | 012041 | | | | | ST ISABEL HOME HEALTH INC |
| Lic Expire | 06/30/2018 | | | | | 2149 DEL RIO HWY, SUITE#102 |
| Medicare 1: | 747305 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 776-5602 | Fax | (830) 773-6719 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PATRICIA PENILLA | | | |
| County | MAVERICK | Region | 08 | Date Licensed | 09/01/2010 | Owner Information |
| License # | 013889 | | | | | SUPERIOR HOME HEALTH OF EAGLE PASS LLC |
| Lic Expire | 08/31/2018 | | | | | 2711 N VETERANS BLVD SUITE 1 |
| Medicare 1: | 459377 | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 773-1014 | Fax | (830) 773-1440 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PATSY BISCAINO | | | |
| County | MCCULLOCH | Region | 09 | Date Licensed | 11/01/2013 | Owner Information |
| License # | 016067 | | | | | CARTER HEALTHCARE |
| Lic Expire | 10/31/2019 | | | | | 2203 S BRIDGE STREET SUITE 100 |
| Medicare 1: | 453119 | | | | | BRADY, TX 76825 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 597-3107 | Fax | (325) 597-3109 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DAVID BERNARD | | | |
| County | MCCULLOCH | Region | 09 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017417 | | | | | HILL COUNTRY PREFERRED SENIOR CARE LLC |
| Lic Expire | 12/31/2019 | | | | | P O BOX 238 |
| Medicare 1: | 67Q7458003 | | | | | MASON, TX 76856 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 597-2898 | Fax | (325) 597-2415 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | SYLVIA POPE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|--------------------|---------------|---|--|
| County | MCLENNAN | Region | 07 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | FIRSTLIGHT HOMECARE OF WACO | |
| Lic Expire | | | | | 110 JIM DR | |
| Medicare 1: | | | | | HEWITT, TX 76643 | |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 339-1781 | Fax | (254) 339-1782 | | | |
| Type: | Parent Agency | Administrator | STEVEN S HILL | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 08/13/2007 | <u>Owner Information</u> |
| License # | 011520 | | | | HOME INSTEAD SENIOR CARE FRANCHISE #664 | AMDAR LLC |
| Lic Expire | 08/31/2019 | | | | 511 N HEWITT DRIVE SUITE #3 | 511 N HEWITT DRIVE SUITE #3 |
| Medicare 1: | | | | | HEWITT, TX 76643 | HEWITT, TX 76643 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 666-7300 | Fax | (254) 666-7303 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOEL BRETT RHODES | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 06/06/2014 | <u>Owner Information</u> |
| License # | 016436 | | | | SOUTHERNCARE WACO | SOUTHERNCARE INC |
| Lic Expire | 06/30/2018 | | | | 8005 BAGBY AVENUE | ATTN: REGULATORY, PO BOX 4060 |
| Medicare 1: | 451759 | | | | HEWITT, TX 76643 | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 420-2773 | Fax | (254) 420-2876 | | | Hospice |
| Type: | Parent Agency | Administrator | LLOYD HALANEY | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 03/04/2016 | <u>Owner Information</u> |
| License # | 017302 | | | | GENTLE TRANSITIONS HOSPICE | GENTLE TRANSITIONS LLC |
| Lic Expire | 03/31/2018 | | | | 18683 ELM CREEK ROAD | 18683 ELM CREEK ROAD |
| Medicare 1: | | | | | MOODY, TX 76557 | MOODY, TX 76557 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 630-4428 | Fax | (888) 630-4428 | | | Hospice |
| Type: | Parent Agency | Administrator | GWEN DALTON | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 08/15/2016 | <u>Owner Information</u> |
| License # | 017576 | | | | A MILE OF COMFORT LLC | A MILE OF COMFORT LLC |
| Lic Expire | 08/31/2018 | | | | 3500 HILLCREST DRIVE SUITE 8 | 5201 SPRINGDALE PKWY #501 |
| Medicare 1: | | | | | WACO, TX 76708 | HALTOM CITY, TX 76117 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 369-8332 | Fax | (682) 334-7087 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | YAKIA COLLIER | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 06/30/2000 | <u>Owner Information</u> |
| License # | 007382 | | | | ABC HEALTH CARE INC | ABC HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | 600 AUSTIN AVE SUITE 27 | 600 AUSTIN AVE SUITE 27 |
| Medicare 1: | | | | | WACO, TX 76701 | WACO, TX 76701 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 867-1181 | Fax | (254) 412-0428 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REV BEULAH SWANSON | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 05/02/2011 | <u>Owner Information</u> |
| License # | 014127 | | | | AT HOME HEALTHCARE | NORTHEAST TEXAS HOME HEALTH AGENCY LTD |
| Lic Expire | 05/31/2019 | | | | 605 TOWNE OAKS DRIVE | 506 HWY 79 NORTH |
| Medicare 1: | 45Q7159001 | | | | WACO, TX 76710 | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 751-1600 | Fax | (903) 536-3611 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | RHONDA KELLY | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 05/02/2011 | <u>Owner Information</u> |
| License # | 014127 | | | | AT HOME HEALTHCARE | NORTHEAST TEXAS HOME HEALTH AGENCY LTD |
| Lic Expire | 05/31/2019 | | | | 605 TOWNE OAKS DRIVE | 506 HWY 79 NORTH |
| Medicare 1: | 457159 | | | | WACO, TX 76710 | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 751-1600 | Fax | (254) 751-1604 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RHONDA KELLY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | MCLENNAN | Region | 07 | Date Licensed | 12/12/2016 | Owner Information |
| License # | 017837 | | | | | SAINT'S CONTINUUM, LLC |
| Lic Expire | 12/31/2018 | | | | | 6611 SANGER AVE SUITE 2 |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 235-7000 | Fax | (254) 235-0339 | | | Services: |
| Type: | Parent Agency | Administrator | SANTOS CARRANZA | | | Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 10/25/2013 | Owner Information |
| License # | 015971 | | | | | WACO BLUEBONNET HOLDINGS, INC |
| Lic Expire | 10/31/2019 | | | | | 2020 N. VALLEY MILLS DR |
| Medicare 1: | 671532 | | | | | WACO, TX 78710 |
| Medicare 2: | | | | | | |
| Phone | (254) 751-1790 | Fax | (254) 751-7295 | | | Services: |
| Type: | Parent Agency | Administrator | MARK WALSH | | | Hospice |
| County | MCLENNAN | Region | 07 | Date Licensed | 10/25/2013 | Owner Information |
| License # | 015980 | | | | | WACO BLUEBONNET HOLDINGS, INC |
| Lic Expire | 10/31/2019 | | | | | 2020 N. VALLEY MILLS DR |
| Medicare 1: | 453141 | | | | | WACO, TX 78710 |
| Medicare 2: | | | | | | |
| Phone | (254) 772-5577 | Fax | (254) 772-5588 | | | Services: |
| Type: | Parent Agency | Administrator | MARK WALSH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 10/28/2009 | Owner Information |
| License # | 012311 | | | | | OCI ACQUISITION LLC |
| Lic Expire | 09/30/2018 | | | | | 4300 SIGMA ROAD SUITE 130 |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (254) 296-9792 | Fax | (254) 296-9086 | | | Services: |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | Licensed Home Health Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 07/24/2014 | Owner Information |
| License # | 015496 | | | | | CONNECTCARE SOLUTIONS LLC |
| Lic Expire | 02/28/2019 | | | | | 4300 SIGMA RD., SUITE 130 |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (254) 313-3887 | Fax | (254) 853-4244 | | | Services: |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | Licensed Home Health Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 03/16/2009 | Owner Information |
| License # | 011758 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (254) 751-0200 | Fax | (254) 751-1649 | | | Services: |
| Type: | Branch Agency | Administrator | LAURA THOMAS | | | Licensed Home Health Services, Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 05/08/2004 | Owner Information |
| License # | 009082 | | | | | HEIGHTS SUPPORT SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 333 INDIAN TRAIL |
| Medicare 1: | | | | | | HARKER HEIGHTS, TX 76548 |
| Medicare 2: | | | | | | |
| Phone | (254) 753-0431 | Fax | (524) 753-0696 | | | Services: |
| Type: | Branch Agency | Administrator | DENISE MILLER | | | Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 12/11/2013 | Owner Information |
| License # | 014809 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 05/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | 671795 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (254) 741-6570 | Fax | (254) 751-9390 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | CURT BOATMAN | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|------------------------|---------------|------------|---|
| County | MCLENNAN | Region | 07 | Date Licensed | 05/21/2012 | Owner Information |
| License # | 014809 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 05/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | 671795 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 573-7474 | Fax | (817) 279-0755 | | | Hospice |
| Type: | Parent Agency | Administrator | CURT BOATMAN | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 11/29/2012 | Owner Information |
| License # | 015237 | | | | | KIDS THERAPY AT HOME, LLC |
| Lic Expire | 11/30/2018 | | | | | 9386 N HIGHWAY 6 |
| Medicare 1: | | | | | | CRAWFORD, TX 76638 |
| Medicare 2: | | | | | | Services: |
| Phone | (855) 335-5437 | Fax | (254) 235-3408 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JULIET R. MELTON | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 09/17/2008 | Owner Information |
| License # | 012591 | | | | | ABC HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 12900 FOSTER SUITE#400 |
| Medicare 1: | 671594 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 399-0963 | Fax | (254) 399-8200 | | | Hospice |
| Type: | Parent Agency | Administrator | CRYSTAL MYNAR | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 08/04/2015 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (855) 937-3600 | Fax | (254) 732-4967 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 11/28/2016 | Owner Information |
| License # | 016942 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 741-1326 | Fax | (254) 741-1431 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | SAMANTHA YOUNG | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 03/27/1998 | Owner Information |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 751-7644 | Fax | (254) 751-7790 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 05/19/2015 | Owner Information |
| License # | 016811 | | | | | PEDIATRIC ADVANCED LIFE SERVICES HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 1122 W 6TH STREET |
| Medicare 1: | | | | | | MCGREGOR, TX 76657 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 307-8607 | Fax | (254) 765-2501 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NATASHA JAMES | | | |
| County | MCLENNAN | Region | 07 | Date Licensed | 01/09/2018 | Owner Information |
| License # | 016865 | | | | | PRILEO HOME CARE TX LLC |
| Lic Expire | 06/30/2019 | | | | | 2432 W PEORIA AVE SUITE # 1266 |
| Medicare 1: | | | | | | PHOENIX, AZ 85029 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 570-7655 | Fax | (214) 570-7654 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | CAROLIN LEONG | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | MCLENNAN | Region | 07 | Date Licensed | 03/04/2015 | <u>Owner Information</u> |
| License # | 016743 | | | | | HOME HEALTH PROVIDENCE LLC |
| Lic Expire | 03/31/2019 | | | | | 301 OWEN LANE SUITE C |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 523-6970 | Fax | (254) 761-8787 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA ROBERTS | | | Licensed Home Health Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 03/04/2015 | <u>Owner Information</u> |
| License # | 016737 | | | | | HOME HEALTH PROVIDENCE LLC |
| Lic Expire | 03/31/2019 | | | | | 301 OWEN LANE SUITE C |
| Medicare 1: | 457377 | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 523-6970 | Fax | (254) 761-8787 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA ROBERTS | | | Licensed and Certified Home Health Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 09/30/2013 | <u>Owner Information</u> |
| License # | 007477 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 11/30/2019 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451713 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (254) 537-4600 | Fax | (254) 537-9126 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | AUDREY WILLIAMS | | | Hospice |
| County | MCLENNAN | Region | 07 | Date Licensed | 11/07/2000 | <u>Owner Information</u> |
| License # | 007477 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 11/30/2019 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451713 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (254) 399-9099 | Fax | (254) 399-8397 | | | Services: |
| Type: | Parent Agency | Administrator | AUDREY WILLIAMS | | | Hospice |
| County | MCLENNAN | Region | 07 | Date Licensed | 02/27/2007 | <u>Owner Information</u> |
| License # | 011100 | | | | | HOFFMEYER TATE INCORPORATED |
| Lic Expire | 02/28/2019 | | | | | 6312 COBBS |
| Medicare 1: | 743146 | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 772-1025 | Fax | (254) 772-1029 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS TATE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 09/04/2012 | <u>Owner Information</u> |
| License # | 015045 | | | | | SEARLES BRINEGAR FAMILY HOME CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 4251 ROSS ROAD |
| Medicare 1: | | | | | | WACO, TX 76705 |
| Medicare 2: | | | | | | |
| Phone | (254) 399-0788 | Fax | (254) 399-0773 | | | Services: |
| Type: | Parent Agency | Administrator | JONATHAN W SEARLES | | | Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 09/01/2010 | <u>Owner Information</u> |
| License # | 013728 | | | | | SCOTT & WHITE MEMORIAL HOSPITAL |
| Lic Expire | 08/31/2018 | | | | | 2401 SOUTH 31ST STREET |
| Medicare 1: | 451569 | | | | | TEMPLE, TX 76508 |
| Medicare 2: | | | | | | |
| Phone | (254) 202-5100 | Fax | (254) 202-5105 | | | Services: |
| Type: | Parent Agency | Administrator | LISA BROWN | | | Hospice |
| County | MCLENNAN | Region | 07 | Date Licensed | 10/20/2017 | <u>Owner Information</u> |
| License # | 012292 | | | | | SHH-STANDARDS HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 111 W 2ND STREET |
| Medicare 1: | | | | | | CAMERON, TX 76502 |
| Medicare 2: | | | | | | |
| Phone | (254) 313-3221 | Fax | (254) 778-7002 | | | Services: |
| Type: | Branch Agency | Administrator | MELISSA CULLEN | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | MCLENNAN | Region | 07 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018352 | | | | | TEXAS HOME HEALTH GROUP OF WACO LLC |
| Lic Expire | 07/31/2019 | | | | | 8300 CENTRAL PARK DRIVE SUITE A |
| Medicare 1: | 67Q9200001 | | | | | WACO, TX 76712 |
| Medicare 2: | | | | | | |
| Phone | (254) 755-6179 | Fax | (254) 714-1465 | | | Services: |
| Type: | Branch Agency | Administrator | SHANNA FILES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018352 | | | | | TEXAS HOME HEALTH GROUP OF WACO LLC |
| Lic Expire | 07/31/2019 | | | | | 8300 CENTRAL PARK DRIVE SUITE A |
| Medicare 1: | 679200 | | | | | WACO, TX 76712 |
| Medicare 2: | | | | | | |
| Phone | (254) 755-6179 | Fax | (254) 714-1465 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNA FILES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 06/02/2006 | Owner Information |
| License # | 010507 | | | | | TEXAS HOME HEALTH HOSPICE |
| Lic Expire | 06/30/2018 | | | | | 17855 N DALLAS PKWY STE 200 |
| Medicare 1: | 671552 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (254) 756-0404 | Fax | (254) 757-1468 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA WARRICK | | | Hospice |
| County | MCLENNAN | Region | 07 | Date Licensed | 03/09/2001 | Owner Information |
| License # | 007587 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2020 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (254) 755-6111 | Fax | (254) 714-1465 | | | Services: |
| Type: | Parent Agency | Administrator | KATHLEEN ELIZONDO | | | Licensed Home Health Services, Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 08/27/2002 | Owner Information |
| License # | 008089 | | | | | NICKSTER INC |
| Lic Expire | 08/31/2018 | | | | | 1514 AUSTIN AVENUE |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 772-8660 | Fax | (800) 240-7032 | | | Services: |
| Type: | Parent Agency | Administrator | SHELLEY WILLIAMS | | | Personal Assistance Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 04/04/2012 | Owner Information |
| License # | 014729 | | | | | ACADEMY FOR SPEECH AND LANGUAGE AT HOME LLC. |
| Lic Expire | 04/30/2018 | | | | | 6701 SANGER AVE., STE#102 |
| Medicare 1: | | | | | | WACO, TX 76710 |
| Medicare 2: | | | | | | |
| Phone | (254) 207-0301 | Fax | (254) 207-0298 | | | Services: |
| Type: | Parent Agency | Administrator | LAURI COLE | | | Licensed Home Health Services |
| County | MCLENNAN | Region | 07 | Date Licensed | 12/23/2006 | Owner Information |
| License # | 011181 | | | | | CENTRAL TEXAS HOMECARE LLC |
| Lic Expire | 12/31/2019 | | | | | 5224 75TH STREET, SUITE #D |
| Medicare 1: | 677694 | | | | | LUBBOCK, TX 20599 |
| Medicare 2: | | | | | | |
| Phone | (254) 751-9393 | Fax | (254) 751-7441 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA CAIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MEDINA | Region | 08 | Date Licensed | 10/13/2016 | Owner Information |
| License # | 012175 | | | | | ALAMO AREA HOME HOSPICE LP |
| Lic Expire | 07/31/2018 | | | | | 3021 LORNA ROAD, STE#200 |
| Medicare 1: | 671540 | | | | | BIRMINGHAM, AL 35216 |
| Medicare 2: | | | | | | |
| Phone | (830) 355-2619 | Fax | (830) 893-0213 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | GEORGETTE ROBBINS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | MEDINA | Region | 08 | Date Licensed | 12/23/2014 | Owner Information |
| License # | 016576 | | | | | HEARTLAND HOSPICE AND HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | 109 W BENTON AVE SUITE #B |
| Medicare 1: | 747964 | | | | | DEVINE, TX 78016 |
| Medicare 2: | | | | | | |
| Phone | (830) 663-8088 | Fax | (844) 374-9968 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGE LIECK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | MENARD | Region | 09 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017417 | | | | | HILL COUNTRY PREFERRED SENIOR CARE LLC |
| Lic Expire | 12/31/2019 | | | | | P O BOX 238 |
| Medicare 1: | 67Q7458002 | | | | | MASON, TX 76856 |
| Medicare 2: | | | | | | |
| Phone | (325) 396-4527 | Fax | (325) 396-2769 | | | Services: |
| Type: | Branch Agency | Administrator | SYLVIA POPE | | | Licensed and Certified Home Health Services |
| County | MIDLAND | Region | 09 | Date Licensed | 07/03/2008 | Owner Information |
| License # | 012084 | | | | | KINDSTAR INC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | 459246 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (432) 686-1944 | Fax | (432) 686-1938 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER CHRISTIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MIDLAND | Region | 09 | Date Licensed | 02/23/2007 | Owner Information |
| License # | 011404 | | | | | MIDLAND CARESERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 1030 ANDREWS HWY SUITE 210 |
| Medicare 1: | 677864 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | |
| Phone | (432) 687-3327 | Fax | (432) 687-3861 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON CORTEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MIDLAND | Region | 09 | Date Licensed | 07/20/2007 | Owner Information |
| License # | 011597 | | | | | THE DORIA GROUP INC |
| Lic Expire | 07/31/2018 | | | | | 3313 HAYNES AVENUE |
| Medicare 1: | | | | | | MIDLAND, TX 79707 |
| Medicare 2: | | | | | | |
| Phone | (432) 520-0414 | Fax | (432) 697-1329 | | | Services: |
| Type: | Parent Agency | Administrator | SUZETTE V DORIA | | | Personal Assistance Services |
| County | MIDLAND | Region | 09 | Date Licensed | | Owner Information |
| License # | | | | | | DIVINE INTEGRITY ALLIED HEALTHCARE SERVICES |
| Lic Expire | | | | | | 4738 BEDFORD AVE |
| Medicare 1: | | | | | | MIDLAND, TX 79703 |
| Medicare 2: | | | | | | |
| Phone | (432) 889-2666 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | TAMEKA POLK | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 10/22/2007 | Owner Information |
| License # | 011879 | | | | | BEST HOME CARE LP |
| Lic Expire | 10/31/2019 | | | | | 6688 NORTH CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 678352 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (432) 570-8899 | Fax | (432) 570-5669 | | | Services: |
| Type: | Parent Agency | Administrator | HOLLY ATKINS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MIDLAND | Region | 09 | Date Licensed | 06/05/2007 | Owner Information |
| License # | 011373 | | | | | HANDS OF COMPASSION HOME CARE INC |
| Lic Expire | 06/30/2018 | | | | | 1030 ANDREWS HWY SUITE 203 |
| Medicare 1: | 743175 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | |
| Phone | (432) 218-7996 | Fax | (432) 699-4102 | | | Services: |
| Type: | Parent Agency | Administrator | JANETTA OLASENI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|--|
| County | MIDLAND | Region | 09 | Date Licensed | 08/26/2013 | Owner Information |
| License # | 015730 | | | | | WARREN PROCUREMENT & LOGISTICS LLC |
| Lic Expire | 08/31/2019 | | | | | 1607 SHELL AVENUE |
| Medicare 1: | | | | | | MIDLAND, TX 79705 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 349-6718 | Fax | (888) 243-9359 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENDALL LERI WARREN | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 11/01/2017 | Owner Information |
| License # | 018490 | | | | | CAREGIVERS PB INC |
| Lic Expire | 10/31/2019 | | | | | 3303 W. ILLINOIS AVENUE, SPACE 7 |
| Medicare 1: | | | | | | MIDLAND, TX 79703 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 570-7587 | Fax | (432) 620-6675 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBRA JEAN ELIZONDO, RN | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 05/02/2017 | Owner Information |
| License # | 018526 | | | | | CAREGIVERS PB, INC |
| Lic Expire | 05/31/2019 | | | | | 3303 W. ILLINOIS STREET, SPACE #7 |
| Medicare 1: | 677296 | | | | | MIDLAND, TX 79703 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 570-7587 | Fax | (432) 620-6675 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DEBRA JEAN ELIZONDO | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 05/15/1997 | Owner Information |
| License # | 003840 | | | | | HOME HOSPICE OF ODESSA/MIDLAND LLC |
| Lic Expire | 03/31/2019 | | | | | 619 N GRANT AVE STE 120 |
| Medicare 1: | 451617 | | | | | ODESSA, TX 79761 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 570-0700 | Fax | (432) 570-0866 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | AMY DRUMM | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 08/11/2010 | Owner Information |
| License # | 013525 | | | | | WEST TEXAS SENIOR CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 1010 SLIDE ROAD |
| Medicare 1: | | | | | | LUBBOCK, TX 79416 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 689-4663 | Fax | (432) 689-4606 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRACY BAUGH | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 12/01/1988 | Owner Information |
| License # | 002022 | | | | | HOSPICE OF MIDLAND INC |
| Lic Expire | 11/30/2018 | | | | | 911 WEST TEXAS AVE |
| Medicare 1: | 451531 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 682-2855 | Fax | (432) 682-2989 | | | Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | DEBORAH GOODMAN | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 09/05/2012 | Owner Information |
| License # | 015049 | | | | | COMPASS HOSPICE LLC |
| Lic Expire | 09/30/2018 | | | | | 1900 GREGG ST STE C |
| Medicare 1: | 451696 | | | | | BIG SPRING, TX 79720 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 263-5999 | Fax | (432) 263-9998 | | | Hospice |
| Type: | Parent Agency | Administrator | TARA GREEN | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 12/14/2000 | Owner Information |
| License # | 007641 | | | | | INHOME CARE INC |
| Lic Expire | 12/31/2019 | | | | | 808 W INDIANA |
| Medicare 1: | 458475 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 570-4475 | Fax | (432) 686-3960 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL EARL WATERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | MIDLAND | Region | 09 | Date Licensed | 10/31/2001 | Owner Information |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 550-7593 | Fax | (432) 618-0307 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PAM FARMER | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 07/12/2002 | Owner Information |
| License # | 007781 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 67Q7566002 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 550-7593 | Fax | (432) 618-0307 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | SHERRI LASEMEN | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 11/30/2015 | Owner Information |
| License # | 017433 | | | | | MERIDA HEALTHCARE OF MIDLAND LLC |
| Lic Expire | 11/30/2017 | | | | | PO BOX 1230 |
| Medicare 1: | 679058 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 686-0900 | Fax | (432) 686-0460 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 12/09/2014 | Owner Information |
| License # | 016556 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 522-5080 | Fax | (432) 522-5094 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WENDIE C MCCORCLE | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 06/29/2005 | Owner Information |
| License # | 009842 | | | | | ST JOSEPHS HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 30 VILLAGE CIRCLE |
| Medicare 1: | 453104 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 684-5858 | Fax | (432) 684-4423 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DELMA HOLGUIN CHAVEZ | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 06/10/2002 | Owner Information |
| License # | 007971 | | | | | SU CASA HOME HEALTH SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 1311 W FLORIDA |
| Medicare 1: | 679160 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 520-2556 | Fax | (432) 570-0808 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ELVA E BROWN | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 11/29/2016 | Owner Information |
| License # | 017931 | | | | | TRIPPLE C HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2008 W. WALL |
| Medicare 1: | 747447 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 686-7449 | Fax | (432) 684-6265 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADAN RIVAS | | | |
| County | MIDLAND | Region | 09 | Date Licensed | 05/03/2014 | Owner Information |
| License # | 016239 | | | | | TWO HEARTS HOME HEALTH LLC |
| Lic Expire | 05/31/2018 | | | | | 4204 FERNCLIFF |
| Medicare 1: | | | | | | MIDLAND, TX 79707 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 685-1705 | Fax | (432) 620-8250 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHLEEN MCNEIL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | MIDLAND | Region | 09 | Date Licensed | 01/25/2013 | Owner Information |
| License # | 015342 | | | | | TUCKSTER HOMECARE INC |
| Lic Expire | 01/31/2019 | | | | | 1031 ANDRES HWY., SUITE 201 |
| Medicare 1: | | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | |
| Phone | (432) 897-4094 | Fax | (432) 897-4095 | | | Services: |
| Type: | Parent Agency | Administrator | BERNADETTE OSTROFF | | | Personal Assistance Services |
| County | MILAM | Region | 07 | Date Licensed | 03/31/2006 | Owner Information |
| License # | 010576 | | | | | STANDARDS OF CARE INC |
| Lic Expire | 03/31/2019 | | | | | 111 W 2ND ST |
| Medicare 1: | 453122 | | | | | CAMERON, TX 76520 |
| Medicare 2: | | | | | | |
| Phone | (254) 697-2224 | Fax | (254) 697-2274 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA CULLEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MILAM | Region | 07 | Date Licensed | 01/09/2017 | Owner Information |
| License # | 018020 | | | | | STANDARDS HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 111 W 2ND STREET |
| Medicare 1: | 671702 | | | | | CAMERON, TX 76520 |
| Medicare 2: | | | | | | |
| Phone | (254) 284-0045 | Fax | (254) 697-4011 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA DUET | | | Hospice |
| County | MILLS | Region | 07 | Date Licensed | 07/25/1995 | Owner Information |
| License # | 001525 | | | | | CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY |
| Lic Expire | 07/31/2018 | | | | | 1507 WEST MAIN |
| Medicare 1: | 45Q7668001 | | | | | GATESVILLE, TX 76528 |
| Medicare 2: | | | | | | |
| Phone | (325) 648-3077 | Fax | (325) 648-3085 | | | Services: |
| Type: | Branch Agency | Administrator | REBECCA TERRELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MILLS | Region | 07 | Date Licensed | 05/07/2009 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | MITCHELL | Region | 02 | Date Licensed | 08/01/2008 | Owner Information |
| License # | 012263 | | | | | GBA WEST LLC |
| Lic Expire | 07/31/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 677000 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (325) 728-2657 | Fax | (325) 728-3527 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER CAMP | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | MONTAGUE | Region | 02 | Date Licensed | 01/15/2005 | Owner Information |
| License # | 005429 | | | | | FIRST CHOICE COMMUNITY HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | 4309 JACKSBORO HIGHWAY SUITE 101 |
| Medicare 1: | 45Q9298002 | | | | | WICHITA FALLS, TX 76302 |
| Medicare 2: | | | | | | |
| Phone | (940) 872-9888 | Fax | (940) 872-9889 | | | Services: |
| Type: | Branch Agency | Administrator | SUE ANNE WATTS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MONTAGUE | Region | 02 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210002 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 872-6499 | Fax | (940) 872-6496 | | | Services: |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | MONTAGUE | Region | 02 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | MONTAGUE | Region | 02 | Date Licensed | 12/11/1990 | Owner Information |
| License # | 002171 | | | | | NOCONA HOSPITAL DISTRICT |
| Lic Expire | 12/31/2019 | | | | | 100 PARK ROAD |
| Medicare 1: | 677291 | | | | | NOCONA, TX 76255 |
| Medicare 2: | | | | | | |
| Phone | (940) 825-3235 | Fax | (940) 825-4314 | | | Services: |
| Type: | Parent Agency | Administrator | LANCE MEEKINS | | | Licensed and Certified Home Health Services |
| County | MONTAGUE | Region | 02 | Date Licensed | 05/30/2008 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 03/23/2015 | Owner Information |
| License # | 016694 | | | | | A PLUS COMFORTS OF HOME LLC |
| Lic Expire | 03/31/2019 | | | | | 3266 EXPLORER WAY |
| Medicare 1: | | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | |
| Phone | (337) 945-6307 | Fax | (337) 945-6307 | | | Services: |
| Type: | Parent Agency | Administrator | JAMIE MECHE | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/20/2010 | Owner Information |
| License # | 013469 | | | | | ABIDE HOME CARE SOLUTIONS LLC |
| Lic Expire | 07/31/2018 | | | | | 10439 MOSSY BROOK LANE |
| Medicare 1: | | | | | | CYPRESS, TX 77433 |
| Medicare 2: | | | | | | |
| Phone | (281) 745-7914 | Fax | (281) 213-2294 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER RODGERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/11/2016 | Owner Information |
| License # | 017552 | | | | | HOSPICE PARTNERS OF AMERICA HOLDING, LLC |
| Lic Expire | 05/31/2018 | | | | | 3021 LORNA ROAD, SUITE #200 |
| Medicare 1: | 671619 | | | | | BIRMINGHAM, AL 35216 |
| Medicare 2: | | | | | | |
| Phone | (936) 788-5900 | Fax | (936) 788-5902 | | | Services: |
| Type: | Parent Agency | Administrator | HOLLY HAYNES | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 03/02/2009 | Owner Information |
| License # | 012478 | | | | | ALLHEAL HOME HEALTH, INC. |
| Lic Expire | 03/31/2019 | | | | | 3305 WEST DAVIS, SUITE #100 |
| Medicare 1: | 747314 | | | | | CONROE, TX 77304 |
| Medicare 2: | | | | | | |
| Phone | (936) 756-2277 | Fax | (936) 756-2288 | | | Services: |
| Type: | Parent Agency | Administrator | LINDSEY R GROTHE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 09/14/2005 | <u>Owner Information</u> |
| License # | 008437 | | | | | ANGELS ABOVE US INC |
| Lic Expire | 01/31/2020 | | | | | 2345 NORTH MAIN STREET |
| Medicare 1: | 67Q9125004 | | | | | LIBERTY, TX 77575 |
| Medicare 2: | | | | | | |
| Phone | (936) 494-1100 | Fax | (936) 494-1107 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRY MICHELLE LITTLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/14/2002 | <u>Owner Information</u> |
| License # | 007603 | | | | | ASSIST- MED INC |
| Lic Expire | 12/31/2017 | | | | | 2000 S. DAIRY ASHFORD #450 |
| Medicare 1: | | | | | | HOUSTON, TX 77077 |
| Medicare 2: | | | | | | |
| Phone | (281) 419-1464 | Fax | (281) 419-1312 | | | Services: |
| Type: | Branch Agency | Administrator | RUTH BRIGGS | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 04/14/2010 | <u>Owner Information</u> |
| License # | 011223 | | | | | ATC HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 106 |
| Medicare 1: | 67Q9720001 | | | | | PORTER, TX 77365 |
| Medicare 2: | | | | | | |
| Phone | (936) 788-2282 | Fax | (936) 788-2283 | | | Services: |
| Type: | Branch Agency | Administrator | DINA SUCIU | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/12/2011 | <u>Owner Information</u> |
| License # | 012681 | | | | | COMPASSIONATE CARE HOSPICE |
| Lic Expire | 07/31/2019 | | | | | 903C HILLCREST DRIVE |
| Medicare 1: | 671647 | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | |
| Phone | (281) 592-2830 | Fax | (281) 592-2837 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BRIDGET WILSON | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/02/2009 | <u>Owner Information</u> |
| License # | 012681 | | | | | COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TX LLC |
| Lic Expire | 07/31/2019 | | | | | 903C HILLCREST DRIVE |
| Medicare 1: | 671647 | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | |
| Phone | (409) 835-3300 | Fax | (409) 835-3301 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGET WILSON | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/28/2007 | <u>Owner Information</u> |
| License # | 011784 | | | | | CYNTHIAS TOUCH SENIOR SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 818 STONE MOUNTAIN |
| Medicare 1: | | | | | | CONROE, TX 77302 |
| Medicare 2: | | | | | | |
| Phone | (936) 441-6470 | Fax | (936) 756-9104 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA RATCLIFF | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/18/2017 | <u>Owner Information</u> |
| License # | 017866 | | | | | WAMESHIA HATCHETT |
| Lic Expire | 01/31/2019 | | | | | 412 W PHILLIPS ST STE 124 |
| Medicare 1: | | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | |
| Phone | (936) 442-8223 | Fax | (832) 408-7659 | | | Services: |
| Type: | Parent Agency | Administrator | WAMESHIA HATCHETT | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/08/2008 | <u>Owner Information</u> |
| License # | 012073 | | | | | BOLTON HEALTHCARE LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 841 |
| Medicare 1: | 679286 | | | | | ELKHART, TX 75839 |
| Medicare 2: | | | | | | |
| Phone | (936) 828-3739 | Fax | (936) 828-3741 | | | Services: |
| Type: | Parent Agency | Administrator | DEBRA L LIPSCOMB | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|-------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/09/2013 | Owner Information |
| License # | 015294 | | | | | HARBOR HOSPICE 28 LP |
| Lic Expire | 01/31/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741515 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (936) 441-5500 | Fax | (936) 756-5591 | | | Services: |
| Type: | Parent Agency | Administrator | REBECCA KERR | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/11/2014 | Owner Information |
| License # | 016685 | | | | | BEIER AND ASSOCIATES LLC |
| Lic Expire | 12/31/2018 | | | | | 3091 COLLEGE PARK DRIVE STE #240-111 |
| Medicare 1: | 747095 | | | | | THE WOODLANDS, TX 77384 |
| Medicare 2: | | | | | | |
| Phone | (936) 756-5800 | Fax | (936) 441-5850 | | | Services: |
| Type: | Parent Agency | Administrator | HOLLY GILSTRAP | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/21/2007 | Owner Information |
| License # | 001674 | | | | | HOME HEALTH CARE OF HUNTSVILLE CO |
| Lic Expire | 04/30/2019 | | | | | PO BOX 6548 |
| Medicare 1: | | | | | | HUNTSVILLE, TX 77342 |
| Medicare 2: | | | | | | |
| Phone | (936) 291-8439 | Fax | (936) 291-8582 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES DESHAW | | | Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 04/01/2009 | Owner Information |
| License # | 012531 | | | | | CARING FOR ELDERS INC |
| Lic Expire | 03/31/2019 | | | | | 111 RHODES ST |
| Medicare 1: | | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | |
| Phone | (936) 441-3223 | Fax | (936) 756-3247 | | | Services: |
| Type: | Parent Agency | Administrator | SHARON LACOSTE | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/04/2012 | Owner Information |
| License # | 014888 | | | | | PROVIDENCE HOMECARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | 457882 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (936) 539-9846 | Fax | (936) 539-9842 | | | Services: |
| Type: | Parent Agency | Administrator | GILLIAN MORRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/11/2011 | Owner Information |
| License # | 014209 | | | | | LNC HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 409 NORTH LOOP 336 WEST SUITE 9 |
| Medicare 1: | | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | |
| Phone | (936) 827-6469 | Fax | (936) 242-6950 | | | Services: |
| Type: | Parent Agency | Administrator | MARY JANE STINSON | | | Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/27/2011 | Owner Information |
| License # | 013514 | | | | | QUALITY CARE SITTER SERVICE INC |
| Lic Expire | 08/31/2018 | | | | | 3442 EASTEX FREEWAY |
| Medicare 1: | | | | | | BEAUMONT, TX 77703 |
| Medicare 2: | | | | | | |
| Phone | (281) 362-1155 | Fax | (281) 298-5595 | | | Services: |
| Type: | Branch Agency | Administrator | NANCY CARLISLE | | | Licensed Home Health Services, Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/14/2008 | Owner Information |
| License # | 012264 | | | | | ST AGNES CAREGIVERS INC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 2269 |
| Medicare 1: | | | | | | STAFFORD, TX 77497 |
| Medicare 2: | | | | | | |
| Phone | (936) 264-1743 | Fax | (877) 409-2099 | | | Services: |
| Type: | Parent Agency | Administrator | ANIEFIOK USORO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|---------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/19/2014 | Owner Information |
| License # | 016837 | | | | | ST JOSEPH HOSPICE OF HOUSTON LLC |
| Lic Expire | 12/31/2018 | | | | | 10615 JEFFERSON HWY |
| Medicare 1: | 671765 | | | | | BATON ROUGE, LA 70809 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 666-7596 | Fax | (713) 666-7597 | | | Hospice |
| Type: | Parent Agency | Administrator | BRYAN BAUGHMAN | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/18/2016 | Owner Information |
| License # | 017584 | | | | | STANDING OAK HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 926 FIFE DR. |
| Medicare 1: | | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 703-3100 | Fax | (936) 217-1904 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MINNIE WASHINGTON | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/24/2007 | Owner Information |
| License # | 011013 | | | | | MOSHER INITIATIVES, INC. |
| Lic Expire | 01/31/2020 | | | | | 2508 WEST DAVIS STREET, SUITE #203 |
| Medicare 1: | | | | | | CONROE, TX 77304 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 441-7760 | Fax | (936) 788-7750 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDREA L MOSHER | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/01/2017 | Owner Information |
| License # | 017937 | | | | | ADVOCATE PEDIATRIC HOME CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 602 WEST SEMANDS STREET |
| Medicare 1: | | | | | | CONROE, TX 77301 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 756-5598 | Fax | (936) 756-5974 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRITNEY BRAZELL | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/02/2016 | Owner Information |
| License # | 017485 | | | | | MONIHEALTH HOME CARE SERVICES INCORPORATED |
| Lic Expire | 05/31/2018 | | | | | 2253 LOOP 336 SUITE D |
| Medicare 1: | 679596 | | | | | CONROE, TX 77304 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 303-0011 | Fax | (936) 703-5213 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE HOKANSON | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/01/2012 | Owner Information |
| License # | 015118 | | | | | TRADITIONS HEALTH CARE OF HOUSTON / GALVESTON LLC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 9980 |
| Medicare 1: | 458141 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 266-1062 | Fax | (713) 266-1084 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RUSSELL W RIDENHOUR | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/22/2012 | Owner Information |
| License # | 014816 | | | | | TRADITIONS HOSPICE OF CONROE LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 9980 |
| Medicare 1: | 671772 | | | | | COLLEGE STATION, TX 77842 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 539-2273 | Fax | (936) 539-2276 | | | Hospice |
| Type: | Parent Agency | Administrator | STUART R YOUNG | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/17/2016 | Owner Information |
| License # | 017582 | | | | | VILLAGE GREEN ANGELS LLC |
| Lic Expire | 08/31/2018 | | | | | 404 SOUTH LOOP 336 WEST |
| Medicare 1: | | | | | | CONROE, TX 77304 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 760-2424 | Fax | (713) 589-8006 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NISHREEN POONAWALA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 04/18/2011 | Owner Information |
| License # | 006974 | | | | | VITAS HEALTHCARE OF TEXAS L P |
| Lic Expire | 11/30/2018 | | | | | 201 S. BISCAYNE BLVD SUITE 400 |
| Medicare 1: | 451536 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | |
| Phone | (281) 291-1397 | Fax | (281) 292-7502 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | WILLIAM WELLER | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/10/2015 | Owner Information |
| License # | 016905 | | | | | ALL-AROUND CARE, LLC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 10923 |
| Medicare 1: | | | | | | HOUSTON, TX 77206 |
| Medicare 2: | | | | | | |
| Phone | (888) 253-5698 | Fax | (713) 481-0968 | | | Services: |
| Type: | Parent Agency | Administrator | BEVERLY COOK | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/06/2010 | Owner Information |
| License # | 013613 | | | | | SUSAN RHODES ENTERPRISES, LLC |
| Lic Expire | 10/31/2018 | | | | | 1003 CARSON DRIVE |
| Medicare 1: | 747738 | | | | | MAGNOLIA, TX 77354 |
| Medicare 2: | | | | | | |
| Phone | (281) 748-9383 | Fax | (855) 307-8003 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES PATAWARAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/24/2016 | Owner Information |
| License # | 017699 | | | | | CLINTON BENNETT DEASON |
| Lic Expire | 10/31/2018 | | | | | PO BOX 949 |
| Medicare 1: | | | | | | PORTER, TX 77365 |
| Medicare 2: | | | | | | |
| Phone | (832) 403-6055 | Fax | (281) 356-8447 | | | Services: |
| Type: | Parent Agency | Administrator | JAZMINE FONTENETTE | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 04/01/2010 | Owner Information |
| License # | 013208 | | | | | POST-HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 10815 |
| Medicare 1: | 747517 | | | | | HOUSTON, TX 77206 |
| Medicare 2: | | | | | | |
| Phone | (281) 570-5028 | Fax | (713) 426-2435 | | | Services: |
| Type: | Parent Agency | Administrator | ALI IRANPOUR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/13/2004 | Owner Information |
| License # | 008856 | | | | | FOX E ENTERPRISES LLC |
| Lic Expire | 01/31/2019 | | | | | 32815 TAMINA ROAD SUITE #A |
| Medicare 1: | | | | | | MAGNOLIA, TX 77354 |
| Medicare 2: | | | | | | |
| Phone | (281) 356-2827 | Fax | (281) 259-9098 | | | Services: |
| Type: | Parent Agency | Administrator | ALEXANDER ELGUEZABAL JR | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/20/2012 | Owner Information |
| License # | 012958 | | | | | PAINTER'S HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 10 MILLWRIGHT PLACE |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77382 |
| Medicare 2: | | | | | | |
| Phone | (936) 588-2211 | Fax | (936) 588-2212 | | | Services: |
| Type: | Branch Agency | Administrator | JOETTA WATSON | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/25/2009 | Owner Information |
| License # | 012807 | | | | | COMPLETE NURSE SOLUTIONS LLC |
| Lic Expire | 08/31/2019 | | | | | 232 FOREST PEAK WAY |
| Medicare 1: | 747426 | | | | | MONTGOMERY, TX 77316 |
| Medicare 2: | | | | | | |
| Phone | (936) 588-5206 | Fax | (936) 588-7329 | | | Services: |
| Type: | Parent Agency | Administrator | LYNETTE GILLESPIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|-------------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/09/2013 | <u>Owner Information</u> |
| License # | 015627 | | | | | ITRUST HOME CARE, LLC |
| Lic Expire | 07/31/2019 | | | | | 417 C WEST 27TH STREET |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 799-1342 | Fax | (832) 553-3212 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEVIN PATTERSON | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/06/2013 | <u>Owner Information</u> |
| License # | 015520 | | | | | LIVING WATERS HOSPICE, INC. |
| Lic Expire | 05/31/2019 | | | | | 23315 JOHNSON ROAD |
| Medicare 1: | 741543 | | | | | NEW CANEY, TX 77357 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 793-5600 | Fax | (832) 201-7590 | | | Hospice |
| Type: | Parent Agency | Administrator | LESHEQUA GASPER-BOWLES | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/15/2016 | <u>Owner Information</u> |
| License # | 017527 | | | | | TEXAS ELITE HOSPICE LLC |
| Lic Expire | 07/31/2018 | | | | | 23010 GABRIEL SUITE 109 |
| Medicare 1: | 741646 | | | | | NEW CANEY, TX 77357 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 689-5350 | Fax | (281) 689-5396 | | | Hospice |
| Type: | Parent Agency | Administrator | KEM KIRKHAM-ARNOLD | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 04/03/2007 | <u>Owner Information</u> |
| License # | 011223 | | | | | ATC HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 106 |
| Medicare 1: | 679720 | | | | | PORTER, TX 77365 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 354-7112 | Fax | (281) 354-7116 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DINA SUCIU | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/13/2016 | <u>Owner Information</u> |
| License # | 017785 | | | | | LONE STAR HOME DIALYSIS INC |
| Lic Expire | 12/31/2018 | | | | | 150 PINE FOREST RD STE 102 |
| Medicare 1: | | | | | | SHENANDOAH, TX 77384 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 799-7089 | Fax | (936) 271-9442 | | | Licensed Home Health Services with Dialysis |
| Type: | Parent Agency | Administrator | BALBEER GODWIN | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 09/13/2017 | <u>Owner Information</u> |
| License # | 018318 | | | | | HANDS OF LOVE INC |
| Lic Expire | 09/30/2019 | | | | | 26275 E CHRISTINE DRIVE |
| Medicare 1: | | | | | | SPLENDORA, TX 77372 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 474-2084 | Fax | (281) 520-4614 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LESLIE (LES) H WILLIAMS | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/21/2016 | <u>Owner Information</u> |
| License # | 017696 | | | | | KUW HOME HEALTH CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 27 GRIFFIN HILL CT |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77382 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 263-6237 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KUNBI ALABI | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 09/04/2014 | <u>Owner Information</u> |
| License # | 016406 | | | | | BRITTON LEGACY ENTERPRISES, INC. |
| Lic Expire | 09/30/2018 | | | | | 29702 S LEGENDS CREEK CT |
| Medicare 1: | | | | | | SPRING, TX 77386 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 585-1941 | Fax | (832) 585-1942 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KELLY D BRITTON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|-------------------|---------------|------------|---|
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/15/2015 | <u>Owner Information</u> |
| License # | 016605 | | | | | ANGELS AROUND HOME CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 25506 BRISK SPRING CT |
| Medicare 1: | | | | | | SPRING, TX 77373 |
| Medicare 2: | | | | | | |
| Phone | (859) 619-2678 | Fax | (832) 952-0244 | | | Services: |
| Type: | Parent Agency | Administrator | WINNIE WAWERU | | | Licensed Home Health Services, Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/06/2016 | <u>Owner Information</u> |
| License # | 017768 | | | | | AVATAR HOSPICE & PALLIATIVE CARE AGENCY LLC |
| Lic Expire | 12/31/2018 | | | | | 25325 BOROUGH PARK DRIVE SUITE #105 |
| Medicare 1: | | | | | | SPRING, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 703-8050 | Fax | (877) 298-7502 | | | Services: |
| Type: | Parent Agency | Administrator | PRISCILLA ARGUEZ | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 02/12/2016 | <u>Owner Information</u> |
| License # | 017271 | | | | | MILLENNIUM HOSPICE AGENCY LLC |
| Lic Expire | 02/28/2018 | | | | | 25826 LAKE LAWN DRIVE |
| Medicare 1: | 741658 | | | | | SPRING, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 703-8050 | Fax | (877) 298-7502 | | | Services: |
| Type: | Parent Agency | Administrator | PRISCILLA ARGUEZ | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/08/2009 | <u>Owner Information</u> |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 364-9695 | Fax | (281) 456-2479 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES M WILCOX | | | Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 06/02/2015 | <u>Owner Information</u> |
| License # | 016833 | | | | | REMARKABLE KIDS PEDIATRIC HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 500 SPRING HILL DRIVE #110-B |
| Medicare 1: | | | | | | SPRING, TX 77386 |
| Medicare 2: | | | | | | |
| Phone | (281) 309-8710 | Fax | (281) 353-1097 | | | Services: |
| Type: | Parent Agency | Administrator | KEVIN J MCZEAL | | | Licensed Home Health Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 03/23/2015 | <u>Owner Information</u> |
| License # | 016695 | | | | | DAINYO LLC |
| Lic Expire | 03/31/2019 | | | | | 25035 WATERSTONE ESTATES CIRCLE NORTH |
| Medicare 1: | | | | | | TOMBALL, TX 77375 |
| Medicare 2: | | | | | | |
| Phone | (281) 402-8858 | Fax | (281) 407-2696 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA DAIGNEAULT | | | Personal Assistance Services |
| County | MONTGOMERY | Region | 06 | Date Licensed | 11/23/2011 | <u>Owner Information</u> |
| License # | 014587 | | | | | ALTUS HOSPICE OF NORTH HOUSTON, LP |
| Lic Expire | 11/30/2019 | | | | | 11233 SHADOW CREEK PARKWAY, SUITE #313 |
| Medicare 1: | 671649 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | |
| Phone | (281) 583-5455 | Fax | (281) 583-5578 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA MEREDITH | | | Hospice |
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/28/2014 | <u>Owner Information</u> |
| License # | 016234 | | | | | TICE GROUP INC. |
| Lic Expire | 05/31/2018 | | | | | 150 PINE FOREST DR SUITE 504 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77384 |
| Medicare 2: | | | | | | |
| Phone | (832) 209-8844 | Fax | (832) 377-3250 | | | Services: |
| Type: | Parent Agency | Administrator | AMY TICE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|---|
| County | MONTGOMERY | Region | 06 | Date Licensed | 05/28/2014 | <u>Owner Information</u> |
| License # | 003487 | | | | | HELPING HANDS HOMECARE LTD |
| Lic Expire | 01/31/2020 | | | | | 9846 HIGHWAY 31 EAST |
| Medicare 1: | | | | | | TYLER, TX 75705 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 663-9021 | Fax | (281) 719-0974 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JENNIFER HUFFMAN | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/13/2017 | <u>Owner Information</u> |
| License # | 018165 | | | | | SNTF HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 82 S FAIR MANOR CIR |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77382 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 719-5221 | Fax | (281) 719-5237 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMARA FRANKS | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/10/2006 | <u>Owner Information</u> |
| License # | 010674 | | | | | AVATAR HOME HEALTH CARE AGENCY LLC |
| Lic Expire | 08/31/2019 | | | | | 25325 BOROUGH PARK DRIVE, SUITE #100 |
| Medicare 1: | 679618 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | 671692 | | | | | Services: |
| Phone | (281) 465-8220 | Fax | (281) 298-7502 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | PRISCILLA ARGUEZ | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 06/04/2007 | <u>Owner Information</u> |
| License # | 011365 | | | | | RJ HALL MANAGEMENT INC |
| Lic Expire | 06/30/2018 | | | | | 1001 MEDICAL PLAZA DRIVE STE 130 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 367-7827 | Fax | (281) 367-7837 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDREA HORGER | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/02/2013 | <u>Owner Information</u> |
| License # | 016069 | | | | | BRISTOL HOSPICE - TEXAS LLC |
| Lic Expire | 12/31/2019 | | | | | 2002 TIMBERLOCH PLACE SUITE 150 |
| Medicare 1: | 671708 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 419-4476 | Fax | (281) 419-0525 | | | Hospice |
| Type: | Parent Agency | Administrator | MICHELLE LOWE | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 09/01/2008 | <u>Owner Information</u> |
| License # | 012241 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 08/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q3134001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 465-8812 | Fax | (281) 465-8917 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | AMBER RIEDER | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 06/12/2015 | <u>Owner Information</u> |
| License # | 015693 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 671703 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 465-8397 | Fax | (281) 465-8710 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | TRACI COOPER | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/03/2017 | <u>Owner Information</u> |
| License # | 018227 | | | | | HANNA CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 2202 RIVA ROW APT 4227 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 321-0156 | Fax | (000) 000-0000 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | INGRID CONNER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/28/2013 | Owner Information |
| License # | 015926 | | | | | HEART TO HEART HOSPICE OF HOUSTON, LLC. |
| Lic Expire | 10/31/2017 | | | | | 7240 CHASE OAKS BLVD. |
| Medicare 1: | 671660 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 300-0134 | Fax | (832) 300-0139 | | | Hospice |
| Type: | Parent Agency | Administrator | CLAUDIA THOMAS | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/22/2017 | Owner Information |
| License # | 018270 | | | | | HOME COMFORT PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 25329 BUDDIE RD. SUITE 806 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 419-9702 | Fax | (281) 419-9702 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JANE SANCHEZ | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/09/2013 | Owner Information |
| License # | 015906 | | | | | GTBE ENDEAVORS, INC. |
| Lic Expire | 12/31/2017 | | | | | 1776 WOODSTEAD COURT STE#208 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 882-8000 | Fax | (281) 882-8020 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TEENA LUBOJACKY | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 07/29/2015 | Owner Information |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 296-0950 | Fax | (855) 240-6518 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 11/04/2015 | Owner Information |
| License # | 017118 | | | | | JTJ STAFFING, INC. |
| Lic Expire | 11/30/2017 | | | | | 9595 SIX PINES DR STE # 8210 |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 631-6177 | Fax | (832) 575-4900 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LINDA HUYNH JENKINS | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 014182 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | 679483 | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 458-3793 | Fax | (877) 615-6497 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AUNDRIA MAYES | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 02/04/2016 | Owner Information |
| License # | 017341 | | | | | FOUNDATION CAREPLUS GROUP INC |
| Lic Expire | 02/28/2018 | | | | | 1120 MEDICAL PLAZA DRIVE SUITE 240 |
| Medicare 1: | 671565 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (281) 607-2310 | Fax | (281) 607-2314 | | | Hospice |
| Type: | Parent Agency | Administrator | SHAWN STEVENS | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 11/05/2012 | Owner Information |
| License # | 015375 | | | | | PATHFINDER HEALTHCARE LLC |
| Lic Expire | 11/30/2018 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | 458396 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 291-7284 | Fax | (936) 436-9308 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DANNY GOLDEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|-------------------|---------------|------------|--|
| County | MONTGOMERY | Region | 06 | Date Licensed | 09/11/1995 | Owner Information PROS HOME HEALTHCARE INC 318 BRIAR ROCK ROAD THE WOODLANDS, TX 77380 |
| License # | 003864 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 678058 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 364-9161 | Fax | (281) 298-1458 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONNA GUNSTREAM | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 08/27/2015 | Owner Information ROSE OF TEXAS HOSPICE 14295 MIDWAY ROAD, SUITE 400 ADDISON, TX 75001 |
| License # | 017134 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 671704 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (855) 800-7673 | Fax | (888) 605-9190 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | MARLENE GRAHAM | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 06/25/2012 | Owner Information THE G&L FAMILY OF CAREGIVERS, LLC. 1717 WOODSTEAD CT STE 104 THE WOODLANDS, TX 77380 |
| License # | 014887 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 501-4760 | Fax | (281) 966-1510 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | NANCY LARKIN | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 12/06/2016 | Owner Information ALLIANCE HOSPICE LLC 3501 GREYSTONE CT MCKINNEY, TX 75070 |
| License # | 017932 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | 741611 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 431-5009 | Fax | (281) 978-2445 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | ROSE RODRIGUEZ | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 10/16/2007 | Owner Information WE CARE KIDS CARE PLLC 719 SAWDUST ROAD SUITE 217 THE WOODLANDS, TX 77380 |
| License # | 011640 | | | | | |
| Lic Expire | 10/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (832) 652-3504 | Fax | (832) 299-6483 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHAEL R CATNEY | | | |
| County | MONTGOMERY | Region | 06 | Date Licensed | 02/01/2010 | Owner Information FIVE STAR WOODLANDS LLC 5055 W PANTHER CREEK DRIVE #100 THE WOODLANDS, TX 77381 |
| License # | 013350 | | | | | |
| Lic Expire | 01/31/2018 | | | | | |
| Medicare 1: | 677283 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (281) 292-4321 | Fax | (281) 364-9569 | | | Services: Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAKISHIA JAWDJEE | | | |
| County | MOORE | Region | 01 | Date Licensed | 02/08/2007 | Owner Information KINDSTAR INC P.O. BOX 50805 DENTON, TX 76206 |
| License # | 008662 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 45Q7754005 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 934-2000 | Fax | (806) 934-2013 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PRIMITIVO CUELLAR | | | |
| County | MOORE | Region | 01 | Date Licensed | 07/31/1992 | Owner Information MOORE COUNTY HOSPITAL DISTRICT 224 EAST 2ND STREET DUMAS, TX 79029 |
| License # | 002372 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 677531 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 935-4946 | Fax | (806) 935-2251 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | JENNIFER ALLISON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | MOORE | Region | 01 | Date Licensed | 11/30/1989 | <u>Owner Information</u> |
| License # | 002076 | | | | | MOORE COUNTY HOSPITAL DISTRICT |
| Lic Expire | 11/30/2018 | | | | | 224 EAST 2ND STREET |
| Medicare 1: | 451538 | | | | | DUMAS, TX 79029 |
| Medicare 2: | | | | | | |
| Phone | (806) 935-4884 | Fax | (806) 935-2251 | | | Services: |
| Type: | Parent Agency | Administrator | JENNEFIER ALLISON | | | Hospice |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 05/04/2005 | <u>Owner Information</u> |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 67Q7545006 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | |
| Phone | (936) 560-5141 | Fax | (936) 560-5128 | | | Services: |
| Type: | Branch Agency | Administrator | KERRI L GRIFFIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 08/10/2012 | <u>Owner Information</u> |
| License # | 011196 | | | | | KINDSTAR INC |
| Lic Expire | 12/31/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (936) 568-0709 | Fax | (936) 559-9257 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MELISSA KIMBLE | | | Hospice |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 12/21/2010 | <u>Owner Information</u> |
| License # | 013780 | | | | | CBL MEDICAL ENTERPRISES INC |
| Lic Expire | 12/31/2018 | | | | | 853 N ZAVALLA STREET |
| Medicare 1: | 747683 | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (936) 559-9480 | Fax | (936) 559-9498 | | | Services: |
| Type: | Parent Agency | Administrator | LORI D REYNOLDS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 11/12/2004 | <u>Owner Information</u> |
| License # | 003546 | | | | | PERSONAL HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 2000 S ROYALL |
| Medicare 1: | 45Q8433003 | | | | | PALESTINE, TX 75801 |
| Medicare 2: | | | | | | |
| Phone | (936) 462-7511 | Fax | (936) 462-7540 | | | Services: |
| Type: | Branch Agency | Administrator | ALETHEA THACKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 05/04/2015 | <u>Owner Information</u> |
| License # | 016875 | | | | | HERITAGE HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | 67Q7220002 | | | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (903) 561-7250 | Fax | (903) 561-7424 | | | Services: |
| Type: | Branch Agency | Administrator | AMBER TAFT | | | Licensed and Certified Home Health Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 06/01/2006 | <u>Owner Information</u> |
| License # | 010729 | | | | | AHM ACTION HOME HEALTH LP |
| Lic Expire | 05/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 679432 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (936) 564-3700 | Fax | (936) 564-0675 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT BRACKIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 01/16/2015 | <u>Owner Information</u> |
| License # | 016608 | | | | | HARBOR HOSPICE AND HOME HEALTH LP |
| Lic Expire | 01/31/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (409) 730-2022 | Fax | (409) 232-0573 | | | Services: |
| Type: | Parent Agency | Administrator | BRENNA RODRIGUEZ | | | Licensed Home Health Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | NACOGDOCHES | Region | 05 | Date Licensed | 06/24/2016 | <u>Owner Information</u> |
| License # | 015764 | | | | | HEART TO HEART HOSPICE OF LUFKIN LLC |
| Lic Expire | 04/30/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671601 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (936) 569-9143 | Fax | (936) 569-9168 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | PATRICIA JONES | | | Hospice |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 12/01/2012 | <u>Owner Information</u> |
| License # | 015333 | | | | | LEGACY HOSPICE LLC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 131030 |
| Medicare 1: | 451740 | | | | | TYLER, TX 75713 |
| Medicare 2: | | | | | | |
| Phone | (936) 305-5176 | Fax | (936) 305-5178 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOE ALLEN | | | Hospice |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 11/27/2006 | <u>Owner Information</u> |
| License # | 003475 | | | | | LIFECARE HOME NURSING LLC |
| Lic Expire | 03/31/2018 | | | | | 1809 GILMER ROAD |
| Medicare 1: | 45Q8393005 | | | | | LONGVIEW, TX 75604 |
| Medicare 2: | | | | | | |
| Phone | (936) 462-1000 | Fax | (936) 462-1005 | | | Services: |
| Type: | Branch Agency | Administrator | DAVID WILCOX JR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 11/01/2002 | <u>Owner Information</u> |
| License # | 003475 | | | | | LIFECARE HOME NURSING LLC |
| Lic Expire | 03/31/2018 | | | | | 1809 GILMER ROAD |
| Medicare 1: | 451708 | | | | | LONGVIEW, TX 75604 |
| Medicare 2: | | | | | | |
| Phone | (936) 462-1000 | Fax | (936) 462-1005 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DAVID WILCOX JR | | | Hospice |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 04/08/2005 | <u>Owner Information</u> |
| License # | 009689 | | | | | LINDA MARIE MOTHERWELL |
| Lic Expire | 04/30/2018 | | | | | 418 WEST MAIN STREET |
| Medicare 1: | 457899 | | | | | NACOGDOCHES, TX 75961 |
| Medicare 2: | | | | | | |
| Phone | (936) 552-1609 | Fax | (936) 560-9982 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA M MOTHERWELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 02/12/2013 | <u>Owner Information</u> |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (936) 238-3923 | Fax | (936) 238-3934 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLES M WILCOX | | | Licensed Home Health Services |
| County | NACOGDOCHES | Region | 05 | Date Licensed | 08/04/2004 | <u>Owner Information</u> |
| License # | 007744 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9108001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (936) 632-5402 | Fax | (936) 632-4370 | | | Services: |
| Type: | Branch Agency | Administrator | JOEY BAKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NAVARRO | Region | 03 | Date Licensed | 06/04/1996 | <u>Owner Information</u> |
| License # | 006005 | | | | | ANGELS AT HOME INC |
| Lic Expire | 06/30/2018 | | | | | 618 W 2ND AVE |
| Medicare 1: | 678315 | | | | | CORSICANA, TX 75110 |
| Medicare 2: | | | | | | |
| Phone | (903) 874-5758 | Fax | (903) 874-5153 | | | Services: |
| Type: | Parent Agency | Administrator | BARBARA SHORTEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | NAVARRO | Region | 03 | Date Licensed | 01/25/2008 | <u>Owner Information</u> |
| License # | 003487 | | | | | HELPING HANDS HOMECARE LTD |
| Lic Expire | 01/31/2020 | | | | | 9846 HIGHWAY 31 EAST |
| Medicare 1: | | | | | | TYLER, TX 75705 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 872-8239 | Fax | (903) 875-0351 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JENNIFER HUFFMAN | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 12/28/1994 | <u>Owner Information</u> |
| License # | 001440 | | | | | CEDAR LAKE NURSING SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 104 S TERRY STREET |
| Medicare 1: | 45Q7582001 | | | | | MALAKOFF, TX 75148 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 874-4745 | Fax | (903) 874-4368 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CYNTHIA A CALLOWAY | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 12/28/1994 | <u>Owner Information</u> |
| License # | 001440 | | | | | CEDAR LAKE NURSING SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 104 S TERRY STREET |
| Medicare 1: | 451565 | | | | | MALAKOFF, TX 75148 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 874-4745 | Fax | (903) 874-4368 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CYNTHIA A CALLOWAY | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 06/30/2015 | <u>Owner Information</u> |
| License # | 017137 | | | | | GARDENDALE HOSPICE LLC |
| Lic Expire | 06/30/2019 | | | | | 4101 MCEWEN SUITE 260 |
| Medicare 1: | 671589 | | | | | FARMERS BRANCH, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 874-3232 | Fax | (903) 874-3235 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JESUS MANUEL BARRAGAN | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 07/06/2007 | <u>Owner Information</u> |
| License # | 011573 | | | | | OHERBST INC |
| Lic Expire | 07/31/2018 | | | | | 13737 NOEL ROAD SUITE 1400 |
| Medicare 1: | 67Q7153005 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 874-4777 | Fax | (903) 874-4001 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | CRYSTAL CALLAHAM | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 08/18/2005 | <u>Owner Information</u> |
| License # | 009915 | | | | | S AND MS LLC |
| Lic Expire | 08/31/2018 | | | | | 208 SOUTH 31ST STREET |
| Medicare 1: | 671518 | | | | | CORSICANA, TX 75110 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 874-7700 | Fax | (903) 874-7705 | | | Hospice |
| Type: | Parent Agency | Administrator | MICHELLE TAYLOR | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 06/16/2005 | <u>Owner Information</u> |
| License # | 009815 | | | | | SHEPHERDS TOUCH MINISTRIES INC |
| Lic Expire | 06/30/2018 | | | | | 308 EAST GARRITY STREET |
| Medicare 1: | | | | | | CORSICANA, TX 75110 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 872-9155 | Fax | (903) 872-9201 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARK A THOMMARSON | | | |
| County | NAVARRO | Region | 03 | Date Licensed | 01/03/2008 | <u>Owner Information</u> |
| License # | 011829 | | | | | HOME HEALTH OF TARRANT COUNTY INC |
| Lic Expire | 01/31/2020 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 457087 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 937-1359 | Fax | (972) 937-1971 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TINA ANDERSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|---|
| County | NAVARRO | Region | 03 | Date Licensed | 06/26/2008 | Owner Information |
| License # | 012075 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 45Q7096007 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (903) 874-9147 | Fax | (903) 874-6732 | | | Services: |
| Type: | Branch Agency | Administrator | MARCIA LOWE | | | Licensed and Certified Home Health Services |
| County | NAVARRO | Region | 03 | Date Licensed | 03/08/2017 | Owner Information |
| License # | 017435 | | | | | NEW CENTURY HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 671588 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (903) 467-3232 | Fax | (903) 229-4019 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ADDIS UMER | | | Hospice |
| County | NAVARRO | Region | 03 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007339 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (903) 874-4357 | Fax | (903) 872-2306 | | | Services: |
| Type: | Branch Agency | Administrator | MARY ELIZABETH ROBERTS | | | Licensed Home Health Services, Personal Assistance Services |
| County | NEWTON | Region | 05 | Date Licensed | 06/21/2016 | Owner Information |
| License # | 017473 | | | | | CONSOLIDATED HEALTH CARE SERVICES INC. |
| Lic Expire | 06/30/2018 | | | | | PO BOX 812 |
| Medicare 1: | 679080 | | | | | NEWTON, TX 75966 |
| Medicare 2: | | | | | | |
| Phone | (409) 379-2268 | Fax | (409) 379-3183 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA JONES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NOLAN | Region | 02 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 010716 | | | | | ENCOMPASS OF WEST TEXAS LP |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q9184007 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (325) 235-0888 | Fax | (325) 235-4803 | | | Services: |
| Type: | Branch Agency | Administrator | KIM TRAWICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NOLAN | Region | 02 | Date Licensed | 06/13/1989 | Owner Information |
| License # | 002146 | | | | | ROLLING PLAINS MEMORIAL HOSPITAL |
| Lic Expire | 06/30/2019 | | | | | 200 EAST ARIZONA/ PO BOX 690 |
| Medicare 1: | 677027 | | | | | SWEETWATER, TX 79556 |
| Medicare 2: | | | | | | |
| Phone | (325) 235-2030 | Fax | (325) 235-0613 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA BOATRIGHT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 09/24/2012 | Owner Information |
| License # | 015347 | | | | | AMOR HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 6262 WEBER ROAD SUITE 325 |
| Medicare 1: | 747109 | | | | | CORPUS CHRISTI, TX 78413 |
| Medicare 2: | | | | | | |
| Phone | (361) 814-1200 | Fax | (888) 874-5706 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD THOMAS HERMANN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | NUECES | Region | 11 | Date Licensed | 07/16/2008 | Owner Information |
| License # | 012214 | | | | | BAYSIDE SOLUTIONS INC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 61057 |
| Medicare 1: | 741643 | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | 679617 | | | | | |
| Phone | (361) 452-3384 | Fax | (361) 452-0110 | | | Services: |
| Type: | Parent Agency | Administrator | SARAH JANE ROWLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 06/01/2012 | Owner Information |
| License # | 014981 | | | | | ALTUS HOSPICE OF CORPUS CHRISTI LP |
| Lic Expire | 05/31/2018 | | | | | 4300 SOUTH PADRE ISLAND DRIVE SUITE 1-1 |
| Medicare 1: | 671621 | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 723-1049 | Fax | (361) 723-1056 | | | Services: |
| Type: | Parent Agency | Administrator | YVONNE GARCIA | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 02/16/2010 | Owner Information |
| License # | 013108 | | | | | ALYDA HOME HEALTH INC |
| Lic Expire | 02/29/2020 | | | | | 13731 TAJAMAR STREET |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78418 |
| Medicare 2: | | | | | | |
| Phone | (361) 723-0390 | Fax | (361) 723-0390 | | | Services: |
| Type: | Parent Agency | Administrator | WESLEY STRAWN | | | Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 11/29/1993 | Owner Information |
| License # | 003177 | | | | | HUB CITY HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 506 VALLEY BROOK RD. STE 201 |
| Medicare 1: | 677522 | | | | | MCMURRAY, PA 15317 |
| Medicare 2: | | | | | | |
| Phone | (361) 887-9760 | Fax | (361) 887-9767 | | | Services: |
| Type: | Parent Agency | Administrator | DEBBIE ROBLES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 09/12/2017 | Owner Information |
| License # | 016852 | | | | | AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE |
| Lic Expire | 06/30/2019 | | | | | 5926 SOUTH STAPLES STREET SUITE B1 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78413 |
| Medicare 2: | | | | | | |
| Phone | (361) 887-9761 | Fax | (361) 887-9762 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DEBBIE ROBLES | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 03/25/2003 | Owner Information |
| License # | 008378 | | | | | ANGEL BRIGHT HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 3221 HOLLY RD |
| Medicare 1: | 679294 | | | | | CORPUS CHRISTI, TX 78415 |
| Medicare 2: | | | | | | |
| Phone | (361) 986-1102 | Fax | (361) 986-1152 | | | Services: |
| Type: | Parent Agency | Administrator | BRIAN FERNANDEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 01/17/2008 | Owner Information |
| License # | 011827 | | | | | ANGEL BRIGHT HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | 3213 HOLLY RD |
| Medicare 1: | 671608 | | | | | CORPUS CHRISTI, TX 78415 |
| Medicare 2: | | | | | | |
| Phone | (361) 853-4300 | Fax | (361) 853-4310 | | | Services: |
| Type: | Parent Agency | Administrator | BLANCH FERNANDEZ | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 07/05/2011 | Owner Information |
| License # | 014373 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 07/31/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | 457146 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (361) 814-3033 | Fax | (361) 814-5398 | | | Services: |
| Type: | Parent Agency | Administrator | ANDREW S. PAINTER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 09/13/2011 | Owner Information |
| License # | 014398 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (361) 853-1696 | Fax | (361) 853-1699 | | | Services: |
| Type: | Branch Agency | Administrator | JOVIE CANTU | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|---|
| County | NUECES | Region | 11 | Date Licensed | 11/12/2015 | <u>Owner Information</u> |
| License # | 017286 | | | | | APRIL SKYY HOME HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 5333 EVERHART ROAD SUITE 202A |
| Medicare 1: | 747674 | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 334-3361 | Fax | (361) 334-7322 | | | Services: |
| Type: | Parent Agency | Administrator | RODERICK RESIO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 05/06/2009 | <u>Owner Information</u> |
| License # | 012579 | | | | | NEIGHBORHOOD NURSING HEALTH SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 7009 S STAPLES STE 209 |
| Medicare 1: | 747600 | | | | | CORPUS CHRISTI, TX 78413 |
| Medicare 2: | | | | | | |
| Phone | (361) 462-4569 | Fax | (361) 356-4200 | | | Services: |
| Type: | Parent Agency | Administrator | VENESSA DE LA RIVAHERRERA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | NUECES | Region | 11 | Date Licensed | 06/22/1992 | <u>Owner Information</u> |
| License # | 002352 | | | | | BAYSIDE HOME HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 6250 |
| Medicare 1: | 677513 | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | |
| Phone | (361) 980-9797 | Fax | (361) 980-8253 | | | Services: |
| Type: | Parent Agency | Administrator | MIGUEL MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 01/17/2003 | <u>Owner Information</u> |
| License # | 008294 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | 679637 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (361) 880-7912 | Fax | (361) 884-9414 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA YBARRA | | | Licensed and Certified Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 01/15/2009 | <u>Owner Information</u> |
| License # | 012489 | | | | | SIXTEEN LAC INC |
| Lic Expire | 01/31/2019 | | | | | 13310 LEOPARD SUITE 21 |
| Medicare 1: | 747918 | | | | | CORPUS CHRISTI, TX 78410 |
| Medicare 2: | | | | | | |
| Phone | (361) 241-2244 | Fax | (361) 241-7220 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN P FLORES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 08/25/2004 | <u>Owner Information</u> |
| License # | 003825 | | | | | CARESTAT LLC |
| Lic Expire | 07/31/2018 | | | | | 171 MEDICAL CENTER BLVD UNIT D |
| Medicare 1: | 67Q8094001 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 668-0239 | Fax | (361) 664-9741 | | | Services: |
| Type: | Branch Agency | Administrator | OSCAR BARRERA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 07/28/1995 | <u>Owner Information</u> |
| License # | 003825 | | | | | CARESTAT LLC |
| Lic Expire | 07/31/2018 | | | | | 171 MEDICAL CENTER BLVD UNIT D |
| Medicare 1: | 678094 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | |
| Phone | (361) 241-4600 | Fax | (361) 241-4620 | | | Services: |
| Type: | Parent Agency | Administrator | OSCAR BARRERA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 10/01/2001 | <u>Owner Information</u> |
| License # | 007918 | | | | | CARING SENIOR SERVICE USA LIMITED |
| Lic Expire | 09/30/2018 | | | | | 201 E PARK AVENUE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78212 |
| Medicare 2: | | | | | | |
| Phone | (361) 883-9494 | Fax | (361) 883-4633 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA BALBOA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | NUECES | Region | 11 | Date Licensed | 05/10/2007 | Owner Information |
| License # | 004883 | | | | | CHAMPION CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1419 MARKET |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 881-9152 | Fax | (361) 881-9174 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | YOLINDA TREVINO | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018434 | | | | | LHCG CXIII, LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 677814 | | | | | LAFALETTE, TX 75055 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 994-3400 | Fax | (361) 994-3495 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARY ANN DE LA GARZA | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018397 | | | | | LHCG CXIV LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 51266 |
| Medicare 1: | 451502 | | | | | LAFALETTE, LA 75055 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 994-3450 | Fax | (361) 994-3495 | | | Hospice |
| Type: | Parent Agency | Administrator | LORI SCHAFER | | | |
| County | NUECES | Region | 11 | Date Licensed | 04/14/2015 | Owner Information |
| License # | 016866 | | | | | CIMA HOSPICE OF CORPUS CHRISTI LLC |
| Lic Expire | 04/30/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 741664 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 248-4776 | Fax | (361) 248-4638 | | | Hospice |
| Type: | Parent Agency | Administrator | ALICIA GARCIA | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/01/2014 | Owner Information |
| License # | 016554 | | | | | RESTORATIVE HEALTH SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 271476 |
| Medicare 1: | 747542 | | | | | CORPUS CHRISTI, TX 78427 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 758-5200 | Fax | (361) 758-5206 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | HARRY D CAMPBELL | | | |
| County | NUECES | Region | 11 | Date Licensed | 12/29/2003 | Owner Information |
| License # | 005343 | | | | | GOLD HORSES LLC |
| Lic Expire | 03/31/2018 | | | | | PO DRAWER 3267 |
| Medicare 1: | 45Q9319001 | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 814-4500 | Fax | (361) 814-9797 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | ANDRES ELIZONDO | | | |
| County | NUECES | Region | 11 | Date Licensed | 08/01/2013 | Owner Information |
| License # | 015681 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 07/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 814-8757 | Fax | (361) 814-8879 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMARA DAVIS | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/27/2012 | Owner Information |
| License # | 015097 | | | | | DRC HEALTH SYSTEMS LP |
| Lic Expire | 09/30/2018 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 679302 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 986-0272 | Fax | (361) 985-1219 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | AMBER RIEDER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|---|
| County | NUECES | Region | 11 | Date Licensed | 03/28/2012 | Owner Information |
| License # | 014828 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 854-1110 | Fax | (361) 854-7910 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTIE PENA | | | |
| County | NUECES | Region | 11 | Date Licensed | 08/09/2017 | Owner Information |
| License # | 016722 | | | | | FIRST HOME HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | P O BOX 1877 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 356-6032 | Fax | (361) 356-6035 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | ARELY MATHEWS | | | |
| County | NUECES | Region | 11 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011736 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 853-7470 | Fax | (361) 853-7961 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CATHY GILROY | | | |
| County | NUECES | Region | 11 | Date Licensed | 10/20/2015 | Owner Information |
| License # | 012169 | | | | | GREATER VALLEY HOSPICE ALLIANCE LP |
| Lic Expire | 08/31/2018 | | | | | 605 MACO DRIVE |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 645-7999 | Fax | (361) 645-7999 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DANIELLE MARTINEZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 07/03/2008 | Owner Information |
| License # | 012297 | | | | | KMAC INC |
| Lic Expire | 07/31/2018 | | | | | 1500 N GREENVILLE AVE SUITE 300 |
| Medicare 1: | 679129 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 758-9336 | Fax | (361) 758-9356 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | SHERRY RAU | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/28/2011 | Owner Information |
| License # | 014381 | | | | | HARBOR HOSPICE OF CORPUS CHRISTI LP |
| Lic Expire | 09/30/2019 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741546 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 452-3592 | Fax | (361) 452-1606 | | | Hospice |
| Type: | Parent Agency | Administrator | PATTY ALEXANDER | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/24/2014 | Owner Information |
| License # | 014884 | | | | | A N D HOME HEALTHCARE LLC |
| Lic Expire | 06/30/2018 | | | | | 2000 N CENTRAL EXPRESSWAY STE 102 |
| Medicare 1: | | | | | | PLANO, TX 75074 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 334-3449 | Fax | (361) 334-3471 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ALTON E BLAKELY | | | |
| County | NUECES | Region | 11 | Date Licensed | 01/01/2016 | Owner Information |
| License # | 017299 | | | | | J & K INC. |
| Lic Expire | 12/31/2019 | | | | | 5151 FLYNN PARKWAY STE#307 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 814-3331 | Fax | (361) 814-4728 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENNETH KIRKPATRICK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | NUECES | Region | 11 | Date Licensed | 02/17/2017 | Owner Information |
| License # | 017971 | | | | | HOMECARE DIMENSIONS INC |
| Lic Expire | 02/28/2019 | | | | | 12500 NETWORK BLVD SUITE 210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 855-4050 | Fax | (361) 854-3915 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KATHIE MASTEN | | | |
| County | NUECES | Region | 11 | Date Licensed | 07/09/2015 | Owner Information |
| License # | 017029 | | | | | HEALTH COM MANAGEMENT LLC |
| Lic Expire | 07/31/2019 | | | | | 116 W TOM LANDRY STREET |
| Medicare 1: | 679354 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 887-9000 | Fax | (361) 887-9010 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARLA DALINDA MUNOZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 01/28/2015 | Owner Information |
| License # | 016861 | | | | | HEALTH COM MANAGEMENT LLC |
| Lic Expire | 01/31/2019 | | | | | 116 WEST TOM LANDRY |
| Medicare 1: | | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 887-9000 | Fax | (361) 887-9010 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARLA MUNOZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 06/15/2007 | Owner Information |
| License # | 011589 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2018 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | 457247 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 887-4850 | Fax | (361) 887-4913 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | VICKIE LARGIN RN | | | |
| County | NUECES | Region | 11 | Date Licensed | 06/22/2007 | Owner Information |
| License # | 011587 | | | | | BAYOU HOMECARE LP |
| Lic Expire | 06/30/2018 | | | | | 5224 75TH STREET SUITE #D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 887-4850 | Fax | (361) 887-4913 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICKIE LARGIN | | | |
| County | NUECES | Region | 11 | Date Licensed | 04/01/2007 | Owner Information |
| License # | 011265 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 855-2090 | Fax | (361) 855-0973 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEWEL MARTINEZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 03/20/2007 | Owner Information |
| License # | 011168 | | | | | LIGHTHOUSE HOSPICE COASTAL BEND LLC |
| Lic Expire | 03/31/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 671580 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 992-2700 | Fax | (361) 883-1906 | | | Hospice |
| Type: | Parent Agency | Administrator | TRACY ATCHISON | | | |
| County | NUECES | Region | 11 | Date Licensed | 02/06/2003 | Owner Information |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | 459433 | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | 451786 | | | | | Services: |
| Phone | (361) 855-0848 | Fax | (361) 853-4855 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | AMBROSE HERNANDEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 01/28/2011 | Owner Information |
| License # | 014108 | | | | | VIRTUE HOME HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | 679729 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 853-2000 | Fax | (361) 853-2017 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | |
| County | NUECES | Region | 11 | Date Licensed | 11/23/2011 | Owner Information |
| License # | 014484 | | | | | ILLUMINA LLC |
| Lic Expire | 11/30/2019 | | | | | PO BOX 1230 |
| Medicare 1: | 671779 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 853-2000 | Fax | (361) 853-2017 | | | Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | |
| County | NUECES | Region | 11 | Date Licensed | 10/27/2009 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 853-2000 | Fax | (361) 853-2017 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | |
| County | NUECES | Region | 11 | Date Licensed | 07/11/2013 | Owner Information |
| License # | 012679 | | | | | J JAIME HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 517 RIO MORAVA |
| Medicare 1: | | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 834-5765 | Fax | (956) 568-3859 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOSE TADEO JAIME | | | |
| County | NUECES | Region | 11 | Date Licensed | 07/02/2009 | Owner Information |
| License # | 012679 | | | | | J JAIME HOME HEALTH SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 517 RIO MORAVA |
| Medicare 1: | | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 717-0274 | Fax | (956) 568-3859 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE TADEO JAIME | | | |
| County | NUECES | Region | 11 | Date Licensed | 07/25/2016 | Owner Information |
| License # | 017539 | | | | | NATIONAL NURSING & REHAB INC |
| Lic Expire | 07/31/2018 | | | | | 5656 SOUTH STAPLES SUITE 210 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 225-3492 | Fax | (361) 225-4409 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREG MAZICK | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/27/2000 | Owner Information |
| License # | 007510 | | | | | NATIONAL NURSING & REHAB INC |
| Lic Expire | 09/30/2018 | | | | | 5656 SOUTH STAPLES SUITE 210 |
| Medicare 1: | 678464 | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 225-3492 | Fax | (361) 225-4409 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA DISHER | | | |
| County | NUECES | Region | 11 | Date Licensed | 12/08/2015 | Owner Information |
| License # | 014065 | | | | | NATIONAL NURSING AND REHAB SA PEDIATRICS INC |
| Lic Expire | 04/30/2019 | | | | | 85 NE LOOP 410 SUITE 500 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 225-3492 | Fax | (361) 225-4409 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | GREG MAZICK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|-----------------------|---------------|------------|---|
| County | NUECES | Region | 11 | Date Licensed | 01/19/2016 | Owner Information |
| License # | 017441 | | | | | COSMOS HOSPICE OF CORPUS CHRISTI LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 |
| Medicare 1: | 671607 | | | | | MOORESVILLE, TX 28117 |
| Medicare 2: | | | | | | |
| Phone | (979) 696-8880 | Fax | (979) 696-9922 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT DINKENS | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 05/18/2011 | Owner Information |
| License # | 015564 | | | | | NURSE PLACEMENT OF HARLINGEN INC |
| Lic Expire | 05/31/2019 | | | | | 1805 BELL ST |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (361) 814-3033 | Fax | (361) 814-5398 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN M SAENZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 08/19/1996 | Owner Information |
| License # | 006229 | | | | | NURSES ON WHEELS INC |
| Lic Expire | 08/31/2018 | | | | | 1101 3RD STREET |
| Medicare 1: | 459200 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | 451717 | | | | | |
| Phone | (361) 814-1669 | Fax | (361) 814-4918 | | | Services: |
| Type: | Parent Agency | Administrator | MARY GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | NUECES | Region | 11 | Date Licensed | 02/09/2005 | Owner Information |
| License # | 006229 | | | | | NURSES ON WHEELS INC |
| Lic Expire | 08/31/2018 | | | | | 1101 3RD STREET |
| Medicare 1: | 45Q9200004 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | | | | | | |
| Phone | (361) 510-4678 | Fax | (361) 850-7577 | | | Services: |
| Type: | Branch Agency | Administrator | MARY GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 05/11/2004 | Owner Information |
| License # | 006229 | | | | | NURSES ON WHEELS INC |
| Lic Expire | 08/31/2018 | | | | | 1101 3RD STREET |
| Medicare 1: | 451717 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | | | | | | |
| Phone | (361) 882-0181 | Fax | (361) 850-7577 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARY GARCIA | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 02/15/2005 | Owner Information |
| License # | 006229 | | | | | NURSES ON WHEELS INC |
| Lic Expire | 08/31/2018 | | | | | 1101 3RD STREET |
| Medicare 1: | 451717 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | | | | | | |
| Phone | (361) 668-0486 | Fax | (361) 668-0556 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARY GARCIA | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 05/05/2016 | Owner Information |
| License # | 017636 | | | | | AKESO HEALTH SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 5726 W. HAUSMAN ROAD SUITE 100 |
| Medicare 1: | 457958 | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (361) 334-1609 | Fax | (361) 906-0478 | | | Services: |
| Type: | Parent Agency | Administrator | LISA MARIE VILLARREAL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 08/14/2017 | Owner Information |
| License # | 018453 | | | | | CORPUS CHRISTI HOME CARE INC |
| Lic Expire | 08/31/2019 | | | | | 3351 EXECUTIVE WAY |
| Medicare 1: | 678236 | | | | | MIRAMAR, FL 33025 |
| Medicare 2: | | | | | | |
| Phone | (361) 242-1109 | Fax | (361) 242-1157 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE D ZOLLIFFER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 11/03/2000 | Owner Information |
| License # | 007476 | | | | | ORION HEALTH SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | 6025 WEBER ROAD |
| Medicare 1: | 679065 | | | | | CORPUS CHRISTI, TX 78413 |
| Medicare 2: | | | | | | |
| Phone | (361) 855-8189 | Fax | (361) 855-4214 | | | Services: |
| Type: | Parent Agency | Administrator | TERESA CASTILLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 04/07/2006 | Owner Information |
| License # | 007815 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 12/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (361) 857-5075 | Fax | (361) 852-2027 | | | Services: |
| Type: | Branch Agency | Administrator | NANCY M PEREZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 03/26/2014 | Owner Information |
| License # | 016145 | | | | | PATHFINDER HEALTHCARE LLC |
| Lic Expire | 03/31/2018 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | 457534 | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (361) 884-4299 | Fax | (361) 888-8914 | | | Services: |
| Type: | Parent Agency | Administrator | GINA FARIAS-GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 05/14/2015 | Owner Information |
| License # | 012397 | | | | | PATHFINDER PEDIATRIC HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 318 BRIAR ROCK RD |
| Medicare 1: | | | | | | THE WOODLANDS, TX 77380 |
| Medicare 2: | | | | | | |
| Phone | (281) 364-9695 | Fax | (281) 456-2479 | | | Services: |
| Type: | Branch Agency | Administrator | CHARLES M WILCOX | | | Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 05/19/2009 | Owner Information |
| License # | 012607 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (361) 887-2000 | Fax | (361) 887-8228 | | | Services: |
| Type: | Parent Agency | Administrator | KELLYE SPEER | | | Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 01/01/2009 | Owner Information |
| License # | 012597 | | | | | PORT HOMECARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 315 FIFTH AVENUE |
| Medicare 1: | 459268 | | | | | PORTLAND, TX 78374 |
| Medicare 2: | | | | | | |
| Phone | (361) 854-2273 | Fax | (361) 854-6419 | | | Services: |
| Type: | Parent Agency | Administrator | LARRY MARTINEZ | | | Licensed and Certified Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 01/03/2008 | Owner Information |
| License # | 011952 | | | | | PRIME CARE HOME HEALTH INC |
| Lic Expire | 01/31/2019 | | | | | 3833 SOUTH STAPLES SUITE N 215 |
| Medicare 1: | 677954 | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 334-9112 | Fax | (361) 334-9114 | | | Services: |
| Type: | Parent Agency | Administrator | HORACIO CANNALES III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 12/31/2009 | Owner Information |
| License # | 013243 | | | | | HOMESTYLE SPECIALTY NURSING CARE INC |
| Lic Expire | 12/31/2019 | | | | | 7330 SAN PEDRO, STE #810 |
| Medicare 1: | 459488 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (361) 937-7887 | Fax | (877) 589-4711 | | | Services: |
| Type: | Parent Agency | Administrator | KENDELL R WHITE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 09/30/2008 | Owner Information |
| License # | 010743 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 09/30/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 579-9924 | Fax | (877) 589-4711 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KIMBERLY ELLEN MOYER | | | |
| County | NUECES | Region | 11 | Date Licensed | 03/21/2001 | Owner Information |
| License # | 007577 | | | | | RISING STAR HOME CARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 2802 CARVER DRIVE |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78405 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 882-7834 | Fax | (361) 882-5415 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIOLET F RUSSELL EDWARDS | | | |
| County | NUECES | Region | 11 | Date Licensed | 05/12/2010 | Owner Information |
| License # | 013315 | | | | | REAL LIFE HEALTHCARE SYSTEMS LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 20595 |
| Medicare 1: | 671654 | | | | | BEAUMONT, TX 77720 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 882-5900 | Fax | (361) 882-5901 | | | Hospice |
| Type: | Parent Agency | Administrator | MARY VARELA | | | |
| County | NUECES | Region | 11 | Date Licensed | 07/08/1996 | Owner Information |
| License # | 005773 | | | | | SACRED HEART HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 3633 SOUTH STAPLES |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 289-5525 | Fax | (361) 289-5583 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RITA M DE ROCHE | | | |
| County | NUECES | Region | 11 | Date Licensed | 05/30/2014 | Owner Information |
| License # | 009483 | | | | | SAENZ HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 2 |
| Medicare 1: | | | | | | ROBSTOWN, TX 78380 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 985-0476 | Fax | (361) 985-0496 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | DAVID OCHOA | | | |
| County | NUECES | Region | 11 | Date Licensed | 11/14/2003 | Owner Information |
| License # | 008750 | | | | | SANTA FE HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | P O BOX 510 |
| Medicare 1: | 45Q3121001 | | | | | BENAVIDES, TX 78341 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 853-3971 | Fax | (361) 853-4309 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | DIANE M VAUGHAN | | | |
| County | NUECES | Region | 11 | Date Licensed | 08/31/2000 | Owner Information |
| License # | 007471 | | | | | SAVE HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 271119 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78427 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 855-9393 | Fax | (361) 855-9392 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHEILA M TELLO | | | |
| County | NUECES | Region | 11 | Date Licensed | 08/21/1996 | Owner Information |
| License # | 005407 | | | | | SAVE HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | P O BOX 271119 |
| Medicare 1: | 459015 | | | | | CORPUS CHRISTI, TX 78427 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 855-9393 | Fax | (361) 855-9392 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHEILA M TELLO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 07/27/2016 | Owner Information |
| License # | 017616 | | | | | SERENITY AND GRACE HOSPICE CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 919 GRANT PL |
| Medicare 1: | 741621 | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 334-3542 | Fax | (844) 685-2273 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN FLORES | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 11/01/2016 | Owner Information |
| License # | 017616 | | | | | SERENITY AND GRACE HOSPICE CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 919 GRANT PL |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 657-0247 | Fax | (361) 657-0250 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOHN FLORES | | | Hospice |
| County | NUECES | Region | 11 | Date Licensed | 03/09/2001 | Owner Information |
| License # | 007591 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2020 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (361) 855-2947 | Fax | (361) 855-2892 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA PILON | | | Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 09/30/2016 | Owner Information |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (361) 452-1232 | Fax | (361) 452-1204 | | | Services: |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 04/18/2008 | Owner Information |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | |
| Phone | (361) 806-0322 | Fax | (361) 806-0337 | | | Services: |
| Type: | Branch Agency | Administrator | JANET BOWLES | | | Licensed Home Health Services, Personal Assistance Services |
| County | NUECES | Region | 11 | Date Licensed | 11/02/2011 | Owner Information |
| License # | 014579 | | | | | TRIO HOME HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 4444 CORONA DRIVE # 205 |
| Medicare 1: | 678428 | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 881-8787 | Fax | (361) 881-8815 | | | Services: |
| Type: | Parent Agency | Administrator | VAN PHAN VILLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 05/09/2016 | Owner Information |
| License # | 017388 | | | | | TRIO HOME HEALTH-RURAL INC |
| Lic Expire | 05/31/2018 | | | | | 4444 CORONA DRIVE STE 205B |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 779-5456 | Fax | (361) 991-0181 | | | Services: |
| Type: | Parent Agency | Administrator | HAITHAM JIFI BAHLOOL | | | Licensed Home Health Services |
| County | NUECES | Region | 11 | Date Licensed | 05/31/2017 | Owner Information |
| License # | 018082 | | | | | TRIO HOSPICE INC. |
| Lic Expire | 05/31/2019 | | | | | 4444 CORONA SUITE #205 B |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78411 |
| Medicare 2: | | | | | | |
| Phone | (361) 881-8787 | Fax | (361) 881-8815 | | | Services: |
| Type: | Parent Agency | Administrator | VAN PHAN VILLA | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 03/17/2003 | Owner Information E & O HOME HEALTH CARE INC PO BOX 691 KINGSVILLE, TX 78363 |
| License # | 002358 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 67Q7517001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (361) 985-1700 | Fax | (361) 985-1714 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PATRICIA URESTI PEREZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 12/13/2001 | Owner Information PRISCILLA VASQUEZ & JOE FLORES P O BOX 8734 CORPUS CHRISTI, TX 78468 |
| License # | 007816 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (361) 881-9922 | Fax | (361) 881-9928 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRISCILLA VASQUEZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 09/14/2004 | Owner Information KERR TECHNICAL SERVICES LLC 5262 SOUTH STAPLES STREET SUITE 220 CORPUS CHRISTI, TX 78411 |
| License # | 009310 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (361) 854-2800 | Fax | (361) 906-3345 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLIE KERR | | | |
| County | NUECES | Region | 11 | Date Licensed | 05/11/2016 | Owner Information SILOE HOME HEALTH & INFUSION LLC 2344 LAGUNA DEL MAR COURT SUITE 201 LAREDO, TX 78041 |
| License # | 017510 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 679686 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (844) 801-7111 | Fax | (888) 239-5887 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | AARON PRIDGEON | | | |
| County | NUECES | Region | 11 | Date Licensed | 06/15/1998 | Owner Information FIRST PRIMARY HOME CARE INC 2809 SOUTH EXPRESSWAY 83 HARLINGEN, TX 78550 |
| License # | 005782 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (888) 411-0136 | Fax | (361) 767-9312 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | |
| County | NUECES | Region | 11 | Date Licensed | 05/21/2004 | Owner Information DOR ANS HOME HEALTH SERVICE INC POST OFFICE BOX 832 ROBSTOWN, TX 78380 |
| License # | 002497 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | 67Q7620001 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (361) 387-0860 | Fax | (361) 387-4520 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KATHERINE T SAENZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 03/25/1993 | Owner Information DOR ANS HOME HEALTH SERVICE INC POST OFFICE BOX 832 ROBSTOWN, TX 78380 |
| License # | 002497 | | | | | |
| Lic Expire | 03/31/2018 | | | | | |
| Medicare 1: | 677620 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (361) 387-4575 | Fax | (361) 387-9694 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHERINE T SAENZ | | | |
| County | NUECES | Region | 11 | Date Licensed | 12/23/2004 | Owner Information SAENZ HOME HEALTH SERVICES INC PO BOX 2 ROBSTOWN, TX 78380 |
| License # | 009483 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | 677910 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (361) 387-1650 | Fax | (361) 387-3791 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID OCHOA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|------------------|---------------|-----------------------|---------------|------------|--|
| County | NUECES | Region | 11 | Date Licensed | 07/02/2006 | Owner Information |
| License # | 010616 | | | | | SAINT BENEDICTS HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 424 E MAIN |
| Medicare 1: | | | | | | ROBSTOWN, TX 78380 |
| Medicare 2: | | | | | | |
| Phone | (361) 387-1973 | Fax | (361) 387-5389 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA RAMON | | | Personal Assistance Services |
| County | OCHILTREE | Region | 01 | Date Licensed | 10/22/1993 | Owner Information |
| License # | 002657 | | | | | OCHILTREE HOSPITAL DISTRICT |
| Lic Expire | 10/31/2019 | | | | | 3101 GARRETT DRIVE |
| Medicare 1: | 451589 | | | | | PERRYTON, TX 79070 |
| Medicare 2: | | | | | | |
| Phone | (806) 435-2122 | Fax | (806) 435-3704 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA BURTON | | | Hospice |
| County | OCHILTREE | Region | 01 | Date Licensed | 05/22/1984 | Owner Information |
| License # | 003137 | | | | | OCHILTREE HOSPITAL DISTRICT |
| Lic Expire | 05/31/2018 | | | | | 3101 GARRETT DRIVE |
| Medicare 1: | 457640 | | | | | PERRYTON, TX 79070 |
| Medicare 2: | | | | | | |
| Phone | (806) 435-2122 | Fax | (806) 435-3704 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA BURTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ORANGE | Region | 05 | Date Licensed | 04/27/2004 | Owner Information |
| License # | 009050 | | | | | LAKES AREA MEDICAL SUPPLY INC |
| Lic Expire | 04/30/2019 | | | | | 150 LAMESA |
| Medicare 1: | 457824 | | | | | BRIDGE CITY, TX 77611 |
| Medicare 2: | | | | | | |
| Phone | (409) 735-3757 | Fax | (409) 735-3783 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT C LOVELACE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ORANGE | Region | 05 | Date Licensed | 07/11/2000 | Owner Information |
| License # | 007359 | | | | | SOUTH WEST TEXAS HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 150 LAMESA DRIVE |
| Medicare 1: | 679081 | | | | | BRIDGE CITY, TX 77611 |
| Medicare 2: | | | | | | |
| Phone | (409) 735-6100 | Fax | (409) 735-6773 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT CRAIG LOVELACE | | | Licensed and Certified Home Health Services |
| County | ORANGE | Region | 05 | Date Licensed | 07/09/2007 | Owner Information |
| License # | 007991 | | | | | ADVANTAGE PLUS HOMECARE INC |
| Lic Expire | 06/30/2018 | | | | | 853 NORTH ZAVALLA STREET |
| Medicare 1: | 67Q9159003 | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (409) 883-9902 | Fax | (409) 883-9963 | | | Services: |
| Type: | Branch Agency | Administrator | BRENDA FRAZIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ORANGE | Region | 05 | Date Licensed | 06/01/2007 | Owner Information |
| License # | 003520 | | | | | COMPLETE HOMECARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 299 |
| Medicare 1: | | | | | | JASPER, TX 75951 |
| Medicare 2: | | | | | | |
| Phone | (409) 882-0523 | Fax | (409) 886-4727 | | | Services: |
| Type: | Branch Agency | Administrator | ERNESTO DOMENECH | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | ORANGE | Region | 05 | Date Licensed | 09/16/2005 | Owner Information |
| License # | 009969 | | | | | PRESCRIBED HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 198 MAGNOLIA DR |
| Medicare 1: | 677832 | | | | | ORANGE, TX 77632 |
| Medicare 2: | | | | | | |
| Phone | (409) 670-0026 | Fax | (409) 670-0047 | | | Services: |
| Type: | Parent Agency | Administrator | PAMELA LOUISE WILLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ORANGE | Region | 05 | Date Licensed | 05/01/1989 | Owner Information |
| License # | 002033 | | | | | THE SOUTHEAST TEXAS HOSPICE |
| Lic Expire | 04/30/2020 | | | | | PO BOX 2385 |
| Medicare 1: | 451533 | | | | | ORANGE, TX 77630 |
| Medicare 2: | | | | | | |
| Phone | (409) 886-0622 | Fax | (409) 886-0623 | | | Services: |
| Type: | Parent Agency | Administrator | MARY LUCILLE MCKENNA | | | Hospice |
| County | ORANGE | Region | 05 | Date Licensed | 06/17/2012 | Owner Information |
| License # | 014926 | | | | | PROVIDENCE CARE HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 1269 N MAIN |
| Medicare 1: | 453184 | | | | | VIDOR, TX 77662 |
| Medicare 2: | | | | | | |
| Phone | (409) 813-2273 | Fax | (409) 813-2272 | | | Services: |
| Type: | Parent Agency | Administrator | TALANNA CEARA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ORANGE | Region | 05 | Date Licensed | 07/15/1996 | Owner Information |
| License # | 005037 | | | | | TEXAS TOTAL CARE INC |
| Lic Expire | 07/31/2018 | | | | | 21820 IH 10 |
| Medicare 1: | 671701 | | | | | VIDOR, TX 77662 |
| Medicare 2: | 458025 | | | | | |
| Phone | (409) 769-3414 | Fax | (409) 769-6740 | | | Services: |
| Type: | Parent Agency | Administrator | DIANNE ALTNAU | | | Licensed and Certified Home Health Services, Hospice |
| County | PALO PINTO | Region | 03 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210003 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 325-5255 | Fax | (940) 325-5258 | | | Services: |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | PALO PINTO | Region | 03 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011458 | | | | | TRINITY HOSPICE OF TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER, SUITE 400 |
| Medicare 1: | 451703 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 325-3364 | Fax | (877) 241-0376 | | | Services: |
| Type: | Parent Agency | Administrator | VICKIE SIMPSON | | | Hospice |
| County | PALO PINTO | Region | 03 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011458 | | | | | TRINITY HOSPICE OF TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 12900 FOSTER, SUITE 400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 468-4194 | Fax | (940) 325-5258 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | VICKIE SIMPSON | | | Hospice |
| County | PALO PINTO | Region | 03 | Date Licensed | 03/13/2013 | Owner Information |
| License # | 015695 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 03/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (940) 325-4455 | Fax | (940) 325-4484 | | | Services: |
| Type: | Branch Agency | Administrator | PHILIP CRISWELL | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | PALO PINTO | Region | 03 | Date Licensed | 04/01/2002 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | PANOLA | Region | 04 | Date Licensed | 01/24/2007 | Owner Information |
| License # | 002514 | | | | | HOSPICE LONGVIEW INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 5608 |
| Medicare 1: | | | | | | LONGVIEW, TX 75608 |
| Medicare 2: | | | | | | |
| Phone | (903) 690-9924 | Fax | (903) 690-9217 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | POLLY MAINES | | | Hospice |
| County | PANOLA | Region | 04 | Date Licensed | 12/11/2003 | Owner Information |
| License # | 007741 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9090001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (903) 690-9203 | Fax | (903) 690-0019 | | | Services: |
| Type: | Branch Agency | Administrator | JANET DALME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | PARKER | Region | 03 | Date Licensed | 09/22/2015 | Owner Information |
| License # | 017048 | | | | | CONCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 108 VALHALLA CT |
| Medicare 1: | | | | | | ALEDO, TX 76008 |
| Medicare 2: | | | | | | |
| Phone | (817) 688-3466 | Fax | (877) 389-5792 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE CONNELLY | | | Personal Assistance Services |
| County | PARKER | Region | 03 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018361 | | | | | BEYONDFAITH HOMECARE & REHAB OF FT. WORTH, LLC |
| Lic Expire | 08/31/2019 | | | | | 5340 LEGACY DRIVE, STE 150 |
| Medicare 1: | 747521 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (817) 441-2747 | Fax | (817) 441-2772 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER CHAPPELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | PARKER | Region | 03 | Date Licensed | 02/15/2005 | Owner Information |
| License # | 009670 | | | | | NURSES ETC INC |
| Lic Expire | 02/28/2019 | | | | | 450 WEST MAIN STREET |
| Medicare 1: | 679052 | | | | | AZLE, TX 76020 |
| Medicare 2: | | | | | | |
| Phone | (817) 444-7992 | Fax | (817) 444-7768 | | | Services: |
| Type: | Parent Agency | Administrator | BETTY BUSCH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | PARKER | Region | 03 | Date Licensed | 12/15/1997 | Owner Information |
| License # | 006257 | | | | | HOMEBOUND HOSPICE INC |
| Lic Expire | 12/31/2019 | | | | | 450 WEST MAIN STREET |
| Medicare 1: | 451687 | | | | | AZLE, TX 76020 |
| Medicare 2: | | | | | | |
| Phone | (817) 444-7992 | Fax | (817) 444-7768 | | | Services: |
| Type: | Parent Agency | Administrator | BETTY JEAN BUSCH | | | Hospice |
| County | PARKER | Region | 03 | Date Licensed | 11/26/2008 | Owner Information |
| License # | 012322 | | | | | ARMS OF COMFORT HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 345 WESTPARK WAY SUITE 101 |
| Medicare 1: | 747409 | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | |
| Phone | (817) 444-9026 | Fax | (817) 444-9033 | | | Services: |
| Type: | Parent Agency | Administrator | CONSOLATA BRYANT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | PARKER | Region | 03 | Date Licensed | 09/23/2010 | Owner Information |
| License # | 013567 | | | | | IVORY HOME HEALTH AGENCY INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 24 |
| Medicare 1: | | | | | | ARLINGTON, TX 76004 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 264-1137 | Fax | (817) 466-4399 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHUCK ENYINNA | | | |
| County | PARKER | Region | 03 | Date Licensed | 10/16/2006 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |
| County | PARKER | Region | 03 | Date Licensed | 08/06/2003 | Owner Information |
| License # | 007939 | | | | | FAMILY REHAB INC |
| Lic Expire | 11/30/2019 | | | | | 2301 HWY 1187 #203 |
| Medicare 1: | 67Q9069003 | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 594-7186 | Fax | (817) 594-0764 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KERRY LAYFIELD | | | |
| County | PARKER | Region | 03 | Date Licensed | 01/01/2009 | Owner Information |
| License # | 012542 | | | | | WEATHERFORD HOME CARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 208 N MAIN ST STE 200 |
| Medicare 1: | 678455 | | | | | WEATHERFORD, TX 76086 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 341-4663 | Fax | (817) 341-1280 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHELSEA L JONES | | | |
| County | PARKER | Region | 03 | Date Licensed | 11/01/2006 | Owner Information |
| License # | 011086 | | | | | ENCOMPASS OF FORT WORTH LP |
| Lic Expire | 10/31/2018 | | | | | 6688 N CENTRAL EXPY SUITE 1300 |
| Medicare 1: | 67Q9167002 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 341-4350 | Fax | (817) 341-4355 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ERIC DENGLER | | | |
| County | PARKER | Region | 03 | Date Licensed | 02/26/2010 | Owner Information |
| License # | 013137 | | | | | GREEN APPLE LLC |
| Lic Expire | 02/28/2018 | | | | | 250 SANTE FE DRIVE #101 |
| Medicare 1: | | | | | | WEATHERFORD, TX 76086 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 550-5058 | Fax | (866) 509-8177 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VANESSA RICHARDSON | | | |
| County | PARKER | Region | 03 | Date Licensed | 04/27/1988 | Owner Information |
| License # | 000993 | | | | | HOME HEALTH PROFESSIONALS INC |
| Lic Expire | 04/30/2018 | | | | | 1320 SOUTH LAMAR STREET |
| Medicare 1: | | | | | | WEATHERFORD, TX 76086 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 594-2452 | Fax | (817) 596-7036 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHARON WOODY | | | |
| County | PARKER | Region | 03 | Date Licensed | 08/04/2004 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (318) 557-1198 | Fax | (817) 313-7818 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | PARKER | Region | 03 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210005 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (817) 599-0192 | Fax | (817) 599-3694 | | | Services: |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | PARKER | Region | 03 | Date Licensed | 06/12/2007 | Owner Information |
| License # | 011531 | | | | | INTEGRACARE OF TEXAS LLC |
| Lic Expire | 06/30/2018 | | | | | ATTN: LIC & CERT DEPT 12900 FOSTER S#400 |
| Medicare 1: | 679523 | | | | | OVERLAND PARK, TX 66213 |
| Medicare 2: | | | | | | |
| Phone | (817) 599-0192 | Fax | (817) 599-3694 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA MCDONALD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | PARKER | Region | 03 | Date Licensed | 06/22/2015 | Owner Information |
| License # | 008343 | | | | | PROFESSIONAL CARETAKERS INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 34659 |
| Medicare 1: | | | | | | FORT WORTH, TX 76162 |
| Medicare 2: | | | | | | |
| Phone | (682) 333-0044 | Fax | (817) 594-1337 | | | Services: |
| Type: | Branch Agency | Administrator | DEONNAH TATE | | | Licensed Home Health Services, Personal Assistance Services |
| County | PARMER | Region | 01 | Date Licensed | 07/19/2010 | Owner Information |
| License # | 013604 | | | | | WEST TEXAS HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 807 WEST AVE. |
| Medicare 1: | 677617 | | | | | WELLINGTON, TX 79095 |
| Medicare 2: | 671670 | | | | | |
| Phone | (806) 247-0057 | Fax | (806) 247-0187 | | | Services: |
| Type: | Parent Agency | Administrator | PENNY PHILLIPS | | | Licensed and Certified Home Health Services, Hospice |
| County | PECOS | Region | 09 | Date Licensed | 03/16/2017 | Owner Information |
| License # | 018091 | | | | | REEVES COUNTY HOSPITAL DISTRICT |
| Lic Expire | 03/31/2019 | | | | | 2323 TEXAS STREET |
| Medicare 1: | 67Q7210001 | | | | | PECOS, TX 79772 |
| Medicare 2: | | | | | | |
| Phone | (432) 336-6507 | Fax | (432) 336-6525 | | | Services: |
| Type: | Branch Agency | Administrator | BRENDA MCKINNEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | PECOS | Region | 09 | Date Licensed | 09/24/2004 | Owner Information |
| License # | 009326 | | | | | PECOS COUNTY MEMORIAL HOSPITAL |
| Lic Expire | 09/30/2018 | | | | | PO BOX 1648 |
| Medicare 1: | 673107 | | | | | FORT STOCKTON, TX 79735 |
| Medicare 2: | 671732 | | | | | |
| Phone | (432) 336-7044 | Fax | (432) 336-2630 | | | Services: |
| Type: | Parent Agency | Administrator | GINA KALKA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Hospice |
| County | POLK | Region | 05 | Date Licensed | 08/25/1995 | Owner Information |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 67Q7545002 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | |
| Phone | (936) 398-5595 | Fax | (936) 398-5598 | | | Services: |
| Type: | Branch Agency | Administrator | KERRI L GRIFFIN | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------------|---------------|------------|--|
| County | POLK | Region | 05 | Date Licensed | 04/11/2017 | Owner Information |
| License # | 017994 | | | | | A PLUS SITTING SERVICE LLC |
| Lic Expire | 04/30/2019 | | | | | 2010 HWY 190 WEST #142 |
| Medicare 1: | | | | | | LIVINGSTON, TX 77351 |
| Medicare 2: | | | | | | |
| Phone | (936) 252-2074 | Fax | (936) 328-8721 | | | Services: |
| Type: | Parent Agency | Administrator | ANISSA HAYNES | | | Personal Assistance Services |
| County | POLK | Region | 05 | Date Licensed | 05/11/2016 | Owner Information |
| License # | 017560 | | | | | HOSPICE PARTNERS OF AMERICA HOLDING LLC |
| Lic Expire | 05/31/2018 | | | | | 3021 LORNA ROAD SUITE 200 |
| Medicare 1: | 671541 | | | | | BIRMINGHAM, TX 35216 |
| Medicare 2: | | | | | | |
| Phone | (936) 327-9991 | Fax | (936) 327-9995 | | | Services: |
| Type: | Parent Agency | Administrator | HOLLY HAYNES | | | Hospice |
| County | POLK | Region | 05 | Date Licensed | 08/19/2015 | Owner Information |
| License # | 016984 | | | | | ALL PERSONAL ASSISTANCE LLC |
| Lic Expire | 08/31/2019 | | | | | 5872 FM 350 N |
| Medicare 1: | | | | | | LIVINGSTON, TX 77351 |
| Medicare 2: | | | | | | |
| Phone | (936) 967-2551 | Fax | (936) 967-2552 | | | Services: |
| Type: | Parent Agency | Administrator | LACEY OVERSTREET-PHILLIPS | | | Personal Assistance Services |
| County | POLK | Region | 05 | Date Licensed | 05/14/2004 | Owner Information |
| License # | 003546 | | | | | PERSONAL HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 01/31/2019 | | | | | 2000 S ROYALL |
| Medicare 1: | 45Q8433002 | | | | | PALESTINE, TX 75801 |
| Medicare 2: | | | | | | |
| Phone | (936) 327-0212 | Fax | (936) 327-0247 | | | Services: |
| Type: | Branch Agency | Administrator | ALETHEA THACKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | POLK | Region | 05 | Date Licensed | 07/10/2017 | Owner Information |
| License # | 018249 | | | | | D&D HEAVENLY HOME HEALTH INC. |
| Lic Expire | 07/31/2019 | | | | | 114 WEST CHURCH ST |
| Medicare 1: | | | | | | LIVINGSTON, TX 77351 |
| Medicare 2: | | | | | | |
| Phone | (281) 789-7415 | Fax | (281) 789-7574 | | | Services: |
| Type: | Parent Agency | Administrator | CALVIN DUNBAR | | | Personal Assistance Services |
| County | POLK | Region | 05 | Date Licensed | 01/14/2014 | Owner Information |
| License # | 015972 | | | | | EDRIDGE HOME HEALTH, INC. |
| Lic Expire | 01/31/2018 | | | | | 8602 LONE MAPLE DRIVE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (281) 865-4549 | Fax | (877) 915-1555 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY EVBUOMWAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | POLK | Region | 05 | Date Licensed | 07/15/2005 | Owner Information |
| License # | 010286 | | | | | DOSIK INC |
| Lic Expire | 07/31/2019 | | | | | 6688 NORTH CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 678324 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (936) 327-3624 | Fax | (936) 327-3625 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT BRACKIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | POLK | Region | 05 | Date Licensed | 05/29/2012 | Owner Information |
| License # | 014825 | | | | | HARBOR HOSPICE OF LIVINGSTON LP |
| Lic Expire | 05/31/2018 | | | | | PO BOX 12686 |
| Medicare 1: | 671760 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (936) 327-8010 | Fax | (936) 327-8018 | | | Services: |
| Type: | Parent Agency | Administrator | THERESA COUSINS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | POLK | Region | 05 | Date Licensed | 06/20/2007 | Owner Information |
| License # | 011503 | | | | | KAMCARE HOME HEALTH SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 171 OLD MILL CENTER |
| Medicare 1: | 679719 | | | | | LIVINGSTON, TX 77351 |
| Medicare 2: | | | | | | |
| Phone | (866) 344-2821 | Fax | (866) 288-4125 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI L HOLSTER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | POLK | Region | 05 | Date Licensed | 08/03/2010 | Owner Information |
| License # | 013607 | | | | | AMERICAN HOSPICE INC |
| Lic Expire | 08/31/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 671609 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (936) 327-5888 | Fax | (936) 327-5899 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA BOWEN | | | Hospice |
| County | POLK | Region | 05 | Date Licensed | 05/23/2005 | Owner Information |
| License # | 007744 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9108002 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (936) 967-4455 | Fax | (936) 967-2067 | | | Services: |
| Type: | Branch Agency | Administrator | JOEY BAKER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | POLK | Region | 05 | Date Licensed | 10/07/2010 | Owner Information |
| License # | 013616 | | | | | JOHNSON & JOHNSON INVESTMENTS OF ONALASKA LLC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 154557 |
| Medicare 1: | 747664 | | | | | LUFKIN, TX 75915 |
| Medicare 2: | | | | | | |
| Phone | (936) 646-5623 | Fax | (936) 646-5643 | | | Services: |
| Type: | Parent Agency | Administrator | JERAMY JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | POTTER | Region | 01 | Date Licensed | 07/31/2013 | Owner Information |
| License # | 008662 | | | | | KINDSTAR INC |
| Lic Expire | 09/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (806) 352-2746 | Fax | (806) 355-1001 | | | Services: |
| Type: | Branch Agency | Administrator | PRIMITIVO CUELLAR | | | Licensed Home Health Services, Personal Assistance Services |
| County | POTTER | Region | 01 | Date Licensed | 09/19/2003 | Owner Information |
| License # | 008662 | | | | | KINDSTAR INC |
| Lic Expire | 09/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 457754 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (806) 352-3900 | Fax | (806) 352-3906 | | | Services: |
| Type: | Parent Agency | Administrator | PRIMITIVO CUELLAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | POTTER | Region | 01 | Date Licensed | 08/30/2011 | Owner Information |
| License # | 012120 | | | | | KINDSTAR INC |
| Lic Expire | 07/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (806) 352-4303 | Fax | (806) 352-3911 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | AMANDA HUNSAKER | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | POTTER | Region | 01 | Date Licensed | 01/30/2014 | Owner Information |
| License # | 016005 | | | | | AMA RUBY SLIPPERS CARE INC |
| Lic Expire | 01/31/2018 | | | | | 2300 N WESTERN |
| Medicare 1: | | | | | | AMARILLO, TX 79124 |
| Medicare 2: | | | | | | |
| Phone | (806) 410-2010 | Fax | (806) 410-2010 | | | Services: |
| Type: | Parent Agency | Administrator | CHERYL TWEET | | | Personal Assistance Services |
| County | POTTER | Region | 01 | Date Licensed | 11/05/2009 | Owner Information |
| License # | 012959 | | | | | AMARILLOS BEST HOME HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 1900 S COULTER UNIT N |
| Medicare 1: | 747550 | | | | | AMARILLO, TX 79106 |
| Medicare 2: | | | | | | |
| Phone | (806) 322-5858 | Fax | (806) 322-5859 | | | Services: |
| Type: | Parent Agency | Administrator | GLORIA JEAN SOTELLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | POTTER | Region | 01 | Date Licensed | 01/22/2010 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | |
| Phone | (806) 353-2700 | Fax | (806) 353-2701 | | | Services: |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | POTTER | Region | 01 | Date Licensed | 11/01/2007 | Owner Information |
| License # | 011689 | | | | | CAMDEN BAY LTD |
| Lic Expire | 10/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | 677943 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 351-8522 | Fax | (806) 355-7408 | | | Services: |
| Type: | Parent Agency | Administrator | DANA L MADISON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | POTTER | Region | 01 | Date Licensed | 09/14/2010 | Owner Information |
| License # | 011689 | | | | | CAMDEN BAY LTD |
| Lic Expire | 10/31/2019 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 322-0991 | Fax | (806) 322-0992 | | | Services: |
| Type: | Branch Agency | Administrator | DANA L MADISON | | | Licensed Home Health Services |
| County | POTTER | Region | 01 | Date Licensed | 04/28/2005 | Owner Information |
| License # | 009721 | | | | | FMC - LUBBOCK LLC |
| Lic Expire | 04/30/2018 | | | | | 5211 SW 9TH |
| Medicare 1: | 671501 | | | | | AMARILLO, TX 79106 |
| Medicare 2: | | | | | | |
| Phone | (806) 356-0026 | Fax | (806) 358-3114 | | | Services: |
| Type: | Parent Agency | Administrator | RONNIE C ATKINS | | | Hospice |
| County | POTTER | Region | 01 | Date Licensed | 02/21/1990 | Owner Information |
| License # | 002118 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | 457381 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | |
| Phone | (806) 463-7051 | Fax | (806) 463-7058 | | | Services: |
| Type: | Parent Agency | Administrator | CAROL TANKERSLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | POTTER | Region | 01 | Date Licensed | 05/20/2011 | Owner Information |
| License # | 014119 | | | | | GENII LLC |
| Lic Expire | 05/31/2019 | | | | | 1100 SOUTH FILLMORE, SUITE #103 |
| Medicare 1: | | | | | | AMARILLO, TX 79101 |
| Medicare 2: | | | | | | |
| Phone | (806) 373-8940 | Fax | (866) 572-7994 | | | Services: |
| Type: | Parent Agency | Administrator | HEATHER GARRISON | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | POTTER | Region | 01 | Date Licensed | 03/31/2005 | Owner Information |
| License # | 009669 | | | | | DJK HOME HEALTHCARE LLC |
| Lic Expire | 03/31/2018 | | | | | 901 WATERFALL WAY SUITE 105 |
| Medicare 1: | 457841 | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 367-6612 | Fax | (806) 367-7148 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KARA GAUT | | | |
| County | POTTER | Region | 01 | Date Licensed | 03/31/2016 | Owner Information |
| License # | 017335 | | | | | CAMDEN BAY LTD |
| Lic Expire | 03/31/2018 | | | | | 10207 INDIANA AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 351-8522 | Fax | (806) 355-7408 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRADLEY E. MADISON | | | |
| County | POTTER | Region | 01 | Date Licensed | 09/30/2005 | Owner Information |
| License # | 010011 | | | | | DELCORP HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 1408 S JEFFERSON STREET SUITE 114 |
| Medicare 1: | 679534 | | | | | AMARILLO, TX 79101 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 373-8100 | Fax | (806) 494-9007 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DOROTHY OMEIRE | | | |
| County | POTTER | Region | 01 | Date Licensed | 03/28/2012 | Owner Information |
| License # | 015024 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 353-2101 | Fax | (806) 353-2674 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | AMY ELMORE | | | |
| County | POTTER | Region | 01 | Date Licensed | 03/22/2012 | Owner Information |
| License # | 014910 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 353-2101 | Fax | (806) 353-2674 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ASHLEY COLSTON | | | |
| County | POTTER | Region | 01 | Date Licensed | 09/19/2013 | Owner Information |
| License # | 015882 | | | | | HIGH PLAINS SENIOR CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1800 S WASHINGTON, SUITE 115 |
| Medicare 1: | 459482 | | | | | AMARILLO, TX 79102 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 355-1899 | Fax | (806) 355-4312 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CRAIG JOHNSON | | | |
| County | POTTER | Region | 01 | Date Licensed | 04/01/2008 | Owner Information |
| License # | 012029 | | | | | RIVERCREST HOME HEALTH CARE INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 51266 |
| Medicare 1: | 679259 | | | | | LAFAYETTE, LA 70505 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 356-8911 | Fax | (806) 356-8922 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SONDRA L KIGGINS | | | |
| County | POTTER | Region | 01 | Date Licensed | 09/15/2009 | Owner Information |
| License # | 012937 | | | | | INTEGRACARE OF WEST TEXAS HOME HEALTH LLC |
| Lic Expire | 09/30/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 457590 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 353-3601 | Fax | (806) 355-5867 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WENDY SHOEMAKER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | POTTER | Region | 01 | Date Licensed | 07/26/2011 | Owner Information OUTREACH HEALTH SERVICES OF THE PANHANDLE LLC 12900 FOSTER ST #400 OVERLAND PARK, KS 66213 |
| License # | 014405 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | 457213 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 665-0301 | Fax | (806) 665-2584 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | WENDY SHOEMAKER | | | |
| County | POTTER | Region | 01 | Date Licensed | 08/31/2011 | Owner Information NURSECORE MANAGEMENT SERVICES LLC PO BOX 201925 ARLINGTON, TX 76006 |
| License # | 014315 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 358-7300 | Fax | (806) 358-7301 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMY BERRY | | | |
| County | POTTER | Region | 01 | Date Licensed | 10/10/1996 | Owner Information NURSES UNLIMITED INC PO BOX 4534 ODESSA, TX 79760 |
| License # | 003467 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 467-0672 | Fax | (806) 467-0674 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | |
| County | POTTER | Region | 01 | Date Licensed | 10/13/2011 | Owner Information AMARILLO HOSPICE OF THE PLAINS LLC 2308 W 5TH STREET PLAINVIEW, TX 79072 |
| License # | 014415 | | | | | |
| Lic Expire | 10/31/2019 | | | | | |
| Medicare 1: | 671768 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 372-1506 | Fax | (806) 372-1660 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | LINDA LITTLEFIELD | | | |
| County | POTTER | Region | 01 | Date Licensed | 06/01/2000 | Owner Information OUTREACH HEALTH COMMUNITY CARE SERVICES LP 269 WEST RENNER PARKWAY RICHARDSON, TX 75080 |
| License # | 007335 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 373-0986 | Fax | (806) 373-5128 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EADIE REYNOLDS | | | |
| County | POTTER | Region | 01 | Date Licensed | 03/17/2017 | Owner Information PROFESSIONAL CASE MANAGEMENT OF TEXAS LLC 500 E 8TH AVENUE DENVER, CO 80203 |
| License # | 017959 | | | | | |
| Lic Expire | 03/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (806) 686-2525 | Fax | (844) 852-4286 | | | Services: Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KIMBERLY MUNGER | | | |
| County | POTTER | Region | 01 | Date Licensed | 07/20/2017 | Owner Information TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC 6666 W AMARILLO BLVD SUITE #6-7 AMARILLO, TX 79106 |
| License # | 018182 | | | | | |
| Lic Expire | 07/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 718-0867 | Fax | (307) 856-2400 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLENDA BETH PARSLEY | | | |
| County | POTTER | Region | 01 | Date Licensed | 07/18/2014 | Owner Information THERAPY 2000 INC 2535 LONE STAR DR DALLAS, TX 75212 |
| License # | 007367 | | | | | |
| Lic Expire | 07/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 467-9787 | Fax | (214) 741-3655 | | | Services: Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JERRE T VAN DEN BENT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | POTTER | Region | 01 | Date Licensed | 03/27/2015 | <u>Owner Information</u> |
| License # | 016709 | | | | | HARRY M HOMECARE INC |
| Lic Expire | 03/31/2019 | | | | | 2314 LAKEVIEW |
| Medicare 1: | | | | | | AMARILLO, TX 79109 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 344-8264 | Fax | (806) 344-8672 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LINDA COMER | | | |
| County | RAINS | Region | 04 | Date Licensed | 06/18/2003 | <u>Owner Information</u> |
| License # | 007525 | | | | | TBHL INC |
| Lic Expire | 01/31/2018 | | | | | 211 WEST MOORE AVENUE |
| Medicare 1: | 67Q9050003 | | | | | TERRELL, TX 75160 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 473-4401 | Fax | (903) 473-4403 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | CHORLECIA PRITCHETT | | | |
| County | RANDALL | Region | 01 | Date Licensed | 03/10/2016 | <u>Owner Information</u> |
| License # | 008662 | | | | | KINDSTAR INC |
| Lic Expire | 09/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 358-0707 | Fax | (806) 358-0737 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PRIMITIVO CUELLAR | | | |
| County | RANDALL | Region | 01 | Date Licensed | 12/01/2004 | <u>Owner Information</u> |
| License # | 009484 | | | | | ABBA HOME HEALTH, LP |
| Lic Expire | 11/30/2018 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 677447 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 351-1700 | Fax | (806) 351-1777 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHANNON OUTLAND | | | |
| County | RANDALL | Region | 01 | Date Licensed | 08/05/2015 | <u>Owner Information</u> |
| License # | 016954 | | | | | ABBA HOME HEALTH, LP |
| Lic Expire | 08/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 741634 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 351-1700 | Fax | (806) 351-1777 | | | Hospice |
| Type: | Parent Agency | Administrator | SHANNON OUTLAND | | | |
| County | RANDALL | Region | 01 | Date Licensed | 12/01/2000 | <u>Owner Information</u> |
| License # | 007538 | | | | | THE KENDRA COMPANY LLC |
| Lic Expire | 11/30/2018 | | | | | 4107 WEST 49TH |
| Medicare 1: | | | | | | AMARILLO, TX 79101 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 373-7373 | Fax | (806) 342-3300 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KENNETH E CARGLE | | | |
| County | RANDALL | Region | 01 | Date Licensed | 10/31/2001 | <u>Owner Information</u> |
| License # | 007787 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 459426 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 467-1156 | Fax | (806) 467-1168 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PAM FARMER | | | |
| County | RANDALL | Region | 01 | Date Licensed | 10/31/2001 | <u>Owner Information</u> |
| License # | 007788 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 467-1156 | Fax | (806) 467-1168 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PAM FARMER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | RANDALL | Region | 01 | Date Licensed | 01/14/2008 | <u>Owner Information</u> |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | 671561 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 352-0241 | Fax | (806) 467-1168 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | |
| County | RANDALL | Region | 01 | Date Licensed | 09/15/2009 | <u>Owner Information</u> |
| License # | 012961 | | | | | INTEGRACARE OF WEST TEXAS HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 451663 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 372-7696 | Fax | (806) 372-2825 | | | Hospice |
| Type: | Parent Agency | Administrator | DONNA CECIL | | | |
| County | RANDALL | Region | 01 | Date Licensed | 06/12/2007 | <u>Owner Information</u> |
| License # | 011386 | | | | | AMARILLO MULTISERVICE CENTER FOR THE AGING INC |
| Lic Expire | 06/30/2019 | | | | | 3108 S FILLMORE STREET |
| Medicare 1: | | | | | | AMARILLO, TX 79110 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 373-9447 | Fax | (806) 373-9446 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ALANA J CHILCOTE | | | |
| County | RANDALL | Region | 01 | Date Licensed | 09/01/2004 | <u>Owner Information</u> |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 467-1700 | Fax | (806) 467-1321 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JANET BOWLES | | | |
| County | RANDALL | Region | 01 | Date Licensed | 02/06/2018 | <u>Owner Information</u> |
| License # | 018593 | | | | | TRUE BLESSINGS LLC |
| Lic Expire | 02/29/2020 | | | | | PO BOX 665 |
| Medicare 1: | | | | | | CANYON, TX 79015 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 683-9034 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARLA GALES | | | |
| County | RED RIVER | Region | 04 | Date Licensed | 05/12/2006 | <u>Owner Information</u> |
| License # | 010450 | | | | | LEWIS HOME HEALTH CARE INC |
| Lic Expire | 05/31/2019 | | | | | PO BOX 28 |
| Medicare 1: | 679546 | | | | | BOGATA, TX 75417 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 632-2173 | Fax | (903) 632-2174 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DONITA ALLEN | | | |
| County | RED RIVER | Region | 04 | Date Licensed | 11/28/2005 | <u>Owner Information</u> |
| License # | 010155 | | | | | COUNTRY HOME CARE INC |
| Lic Expire | 11/30/2019 | | | | | 1505 W MAIN STREET |
| Medicare 1: | 677887 | | | | | CLARKSVILLE, TX 75426 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 427-8366 | Fax | (903) 427-8369 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TONYA PENDLETON | | | |
| County | RED RIVER | Region | 04 | Date Licensed | 03/07/2017 | <u>Owner Information</u> |
| License # | 018042 | | | | | HOMETOWN HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 3025 LAMAR AVE |
| Medicare 1: | 45Q9063002 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 427-4598 | Fax | (903) 427-4609 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | KENDRA YAROSS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|----------------------|---------------|------------|---|
| County | REEVES | Region | 09 | Date Licensed | 03/16/2017 | Owner Information |
| License # | 018091 | | | | | REEVES COUNTY HOSPITAL DISTRICT |
| Lic Expire | 03/31/2019 | | | | | 2323 TEXAS STREET |
| Medicare 1: | 677210 | | | | | PECOS, TX 79772 |
| Medicare 2: | 451660 | | | | | |
| Phone | (432) 445-3330 | Fax | (432) 445-3331 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA MCKINNEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | ROBERTSON | Region | 07 | Date Licensed | 02/02/2006 | Owner Information |
| License # | 010271 | | | | | MERRYMAN HOME HEALTH INC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 247 |
| Medicare 1: | 679536 | | | | | FRANKLIN, TX 77856 |
| Medicare 2: | | | | | | |
| Phone | (979) 828-1173 | Fax | (979) 828-3426 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY MCCORMICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 06/06/2002 | Owner Information |
| License # | 007967 | | | | | AGING GRACEFULLY NETWORK LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 1677 |
| Medicare 1: | | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (972) 222-0443 | Fax | (972) 222-1500 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON FOTHERGILL | | | Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018226 | | | | | ALKRIST HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 596 PENDLETON DRIVE |
| Medicare 1: | | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | |
| Phone | (972) 369-4435 | Fax | (972) 369-4435 | | | Services: |
| Type: | Parent Agency | Administrator | GRACE INYANG | | | Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 10/01/2001 | Owner Information |
| License # | 007525 | | | | | TBHL INC |
| Lic Expire | 01/31/2018 | | | | | 211 WEST MOORE AVENUE |
| Medicare 1: | 67Q9050001 | | | | | TERRELL, TX 75160 |
| Medicare 2: | | | | | | |
| Phone | (972) 771-4558 | Fax | (972) 771-4288 | | | Services: |
| Type: | Branch Agency | Administrator | CHORLECIA PRITCHETT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 02/01/2007 | Owner Information |
| License # | 011332 | | | | | CHILEX HOME CARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 127 HAMPSHIRE LANE |
| Medicare 1: | 677846 | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | |
| Phone | (972) 772-2940 | Fax | (972) 772-2956 | | | Services: |
| Type: | Parent Agency | Administrator | HAPPINESS NWABUKO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 09/03/2003 | Owner Information |
| License # | 008625 | | | | | ALVERA REHAB ASSOCIATES INC |
| Lic Expire | 09/30/2019 | | | | | 735 JUSTIN RD |
| Medicare 1: | 679377 | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (972) 772-5086 | Fax | (972) 771-5686 | | | Services: |
| Type: | Parent Agency | Administrator | DIANA FRANCES WRIGHT | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Licensed Home Health Services with Dialysis, Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 09/09/2013 | Owner Information |
| License # | 015759 | | | | | FREEDOM AT HOME DIALYSIS LLC |
| Lic Expire | 09/30/2019 | | | | | 735 JUSTIN RD |
| Medicare 1: | | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (469) 402-3450 | Fax | (469) 402-0940 | | | Services: |
| Type: | Parent Agency | Administrator | TANYA GRIFFIN | | | Licensed Home Health Services with Dialysis |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|-----------------------|---------------|------------|--|
| County | ROCKWALL | Region | 03 | Date Licensed | 08/27/2004 | Owner Information |
| License # | 009275 | | | | | HEART OF TEXAS HOME HEALTHCARE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 1101 RIDGE ROAD SUITE #100 |
| Medicare 1: | 673179 | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (866) 735-6100 | Fax | (888) 546-8447 | | | Services: |
| Type: | Parent Agency | Administrator | CATHY BEDSOLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 05/19/2016 | Owner Information |
| License # | 017408 | | | | | LAKEPOINT COMPASSION HOME CARE LLC |
| Lic Expire | 05/31/2018 | | | | | 190 DRYWELL COURT |
| Medicare 1: | | | | | | ROYSE CITY, TX 75189 |
| Medicare 2: | | | | | | |
| Phone | (972) 722-7833 | Fax | (844) 270-7015 | | | Services: |
| Type: | Parent Agency | Administrator | STEVE HANSON | | | Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 10/14/2013 | Owner Information |
| License # | 015975 | | | | | HOME CARE NETWORK EAST INC |
| Lic Expire | 10/31/2019 | | | | | 1701 N HAMPTON RD SUITE G |
| Medicare 1: | 67Q9086002 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | |
| Phone | (972) 961-3983 | Fax | (972) 961-3984 | | | Services: |
| Type: | Branch Agency | Administrator | SAUNDRA P HILL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 04/07/2009 | Owner Information |
| License # | 011067 | | | | | GREENVILLE PHYSICIANS CHOICE HOMECARE LLC |
| Lic Expire | 02/28/2018 | | | | | 4315 RIDGECREST DR |
| Medicare 1: | | | | | | GREENVILLE, TX 75402 |
| Medicare 2: | | | | | | |
| Phone | (972) 412-9916 | Fax | (972) 412-9971 | | | Services: |
| Type: | Branch Agency | Administrator | DELAUNTE CRAWFORD | | | Licensed Home Health Services, Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 11/18/2005 | Owner Information |
| License # | 009451 | | | | | DALLAS PHYSICIANS CHOICE HOMECARE LLC |
| Lic Expire | 12/31/2019 | | | | | 200 E MAIN STREET |
| Medicare 1: | 67Q3182001 | | | | | MESQUITE, TX 75149 |
| Medicare 2: | | | | | | |
| Phone | (972) 412-9916 | Fax | (972) 412-9971 | | | Services: |
| Type: | Branch Agency | Administrator | DELAUNTE CRAWFORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 03/29/2011 | Owner Information |
| License # | 013988 | | | | | TARRANT COUNTY PHYSICIANS CHOICE HOMECARE LLC |
| Lic Expire | 03/31/2019 | | | | | 6800 HERITAGE PKW STE 103 |
| Medicare 1: | 747754 | | | | | ROCKWALL, TX 75087 |
| Medicare 2: | | | | | | |
| Phone | (972) 412-9916 | Fax | (972) 412-9971 | | | Services: |
| Type: | Parent Agency | Administrator | DELAUNTE' CRAWFORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 05/27/1988 | Owner Information |
| License # | 001939 | | | | | SUNRISE HOME HEALTH SERVICES OF AMERICA INC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 494728 |
| Medicare 1: | 677158 | | | | | GARLAND, TX 75049 |
| Medicare 2: | | | | | | |
| Phone | (972) 278-1414 | Fax | (972) 278-1413 | | | Services: |
| Type: | Parent Agency | Administrator | NEVILLE GOVENDER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | ROCKWALL | Region | 03 | Date Licensed | 07/29/2010 | Owner Information |
| License # | 013502 | | | | | CORDIAL CARE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 601 ROSEMARY DR |
| Medicare 1: | 747747 | | | | | ROYSE CITY, TX 75189 |
| Medicare 2: | | | | | | |
| Phone | (972) 603-6676 | Fax | (469) 723-3136 | | | Services: |
| Type: | Parent Agency | Administrator | LAWRENCE JAMES-OSONDU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|-----------------------------|---------------|------------|--|
| County | ROCKWALL | Region | 03 | Date Licensed | 04/07/2011 | Owner Information |
| License # | 014017 | | | | | TEXAS PRIME HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 618 EAST LAMAR STREET |
| Medicare 1: | 747860 | | | | | ROYSE CITY, TX 75189 |
| Medicare 2: | | | | | | |
| Phone | (972) 635-6666 | Fax | (972) 635-6667 | | | Services: |
| Type: | Parent Agency | Administrator | REX O. UZZI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | RUNNELS | Region | 02 | Date Licensed | 07/09/2012 | Owner Information |
| License # | 014917 | | | | | BALLINGER HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 214 |
| Medicare 1: | 457773 | | | | | BALLINGER, TX 76821 |
| Medicare 2: | | | | | | |
| Phone | (325) 365-3889 | Fax | (325) 365-5685 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE AGUILERA | | | Licensed and Certified Home Health Services |
| County | RUNNELS | Region | 02 | Date Licensed | 08/23/2012 | Owner Information |
| License # | 015166 | | | | | BALLINGER HOME HEALTH INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 214 |
| Medicare 1: | 671570 | | | | | BALLINGER, TX 76821 |
| Medicare 2: | | | | | | |
| Phone | (325) 365-2375 | Fax | (325) 365-5484 | | | Services: |
| Type: | Parent Agency | Administrator | MICHELLE R AGUILERA | | | Hospice |
| County | RUNNELS | Region | 02 | Date Licensed | 09/02/1994 | Owner Information |
| License # | 003174 | | | | | NORTH RUNNELS HOME HEALTH AGENCY |
| Lic Expire | 09/30/2018 | | | | | PO BOX 185 |
| Medicare 1: | 458191 | | | | | WINTERS, TX 79567 |
| Medicare 2: | | | | | | |
| Phone | (325) 754-4141 | Fax | (325) 754-4337 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD MATHIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | RUSK | Region | 04 | Date Licensed | 08/28/2017 | Owner Information |
| License # | 018426 | | | | | ACEA HOME HEALTH LLC |
| Lic Expire | 08/31/2019 | | | | | 306 SHAWNEE TRAIL |
| Medicare 1: | | | | | | HENDERSON, TX 75654 |
| Medicare 2: | | | | | | |
| Phone | (903) 652-3475 | Fax | (903) 652-7315 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES H TAYLOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | RUSK | Region | 04 | Date Licensed | 06/29/2011 | Owner Information |
| License # | 014194 | | | | | LINNCARE MANAGEMENT CORPORATION |
| Lic Expire | 06/30/2019 | | | | | 5136 FM 2867 E |
| Medicare 1: | | | | | | HENDERSON, TX 75654 |
| Medicare 2: | | | | | | |
| Phone | (903) 889-2025 | Fax | (866) 903-6770 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA HILL | | | Licensed Home Health Services, Personal Assistance Services |
| County | RUSK | Region | 04 | Date Licensed | 02/15/2008 | Owner Information |
| License # | 011889 | | | | | ADVANCING AT HOME HEALTH CARE LLC |
| Lic Expire | 02/28/2018 | | | | | 702 FAIRPARK DRIVE SUITE 101 |
| Medicare 1: | 747038 | | | | | HENDERSON, TX 75654 |
| Medicare 2: | | | | | | |
| Phone | (903) 657-6050 | Fax | (903) 657-4361 | | | Services: |
| Type: | Parent Agency | Administrator | TIFFANY TYESKIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | RUSK | Region | 04 | Date Licensed | 05/15/2008 | Owner Information |
| License # | 012010 | | | | | ANGEL CARE HOSPICE LLC |
| Lic Expire | 05/31/2019 | | | | | 702 FAIR PARK DRIVE SUITE 102 |
| Medicare 1: | 671638 | | | | | HENDERSON, TX 75654 |
| Medicare 2: | | | | | | |
| Phone | (903) 657-2461 | Fax | (903) 657-8796 | | | Services: |
| Type: | Parent Agency | Administrator | REGINA MICHELLE NAYFA-ADAMS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|---|
| County | RUSK | Region | 04 | Date Licensed | 06/17/2013 | Owner Information SPRINGFIELD & SPRINGFIELD INVESTMENTS LLC 315 WILSON ST. ENDERSON, TX 75652 |
| License # | 015639 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | 459266 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 657-4413 | Fax | (903) 655-0225 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE L SPRINGFIELD | | | |
| County | RUSK | Region | 04 | Date Licensed | 10/02/2001 | Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY LTD 506 HWY 79 NORTH ENDERSON, TX 75652 |
| License # | 002875 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 45Q8072003 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 657-1004 | Fax | (903) 657-2260 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RHONDA KELLY | | | |
| County | RUSK | Region | 04 | Date Licensed | 10/03/2001 | Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY LTD 506 HWY 79 NORTH ENDERSON, TX 75652 |
| License # | 002875 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 45Q8072002 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 657-1004 | Fax | (903) 657-2260 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RHONDA KELLY | | | |
| County | RUSK | Region | 04 | Date Licensed | 05/06/1994 | Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY LTD 506 HWY 79 NORTH ENDERSON, TX 75652 |
| License # | 002875 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | 458072 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 657-1004 | Fax | (903) 647-2260 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RHONDA KELLY | | | |
| County | RUSK | Region | 04 | Date Licensed | 02/06/2017 | Owner Information BIRTHED TO CARE 611 ZION ST SUITE 2 ENDERSON, TX 75652 |
| License # | 017904 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 722-4193 | Fax | (903) 392-8996 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | LARRY COLEMAN | | | |
| County | RUSK | Region | 04 | Date Licensed | 11/30/2000 | Owner Information DISABILITY SERVICES OF THE SOUTHWEST INC 6243 I H 10 WEST SUITE 375 SAN ANTONIO, TX 78201 |
| License # | 007572 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 657-7100 | Fax | (877) 463-1310 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KRISTALA EVANS | | | |
| County | RUSK | Region | 04 | Date Licensed | 09/15/2014 | Owner Information JEFF D MILLER INVESTMENTS LLC 125 SOUTH MAIN STREET ENDERSON, TX 75654 |
| License # | 016464 | | | | | |
| Lic Expire | 09/30/2018 | | | | | |
| Medicare 1: | 677275 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 722-9002 | Fax | (903) 722-9004 | | | Services: Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | WESLEY J HOLLOWAY | | | |
| County | RUSK | Region | 04 | Date Licensed | 02/27/2013 | Owner Information ADVANCE HI-TECH NURSING INC 6243 IH 10 WEST SUITE #375 SAN ANTONIO, TX 78201 |
| License # | 015396 | | | | | |
| Lic Expire | 02/28/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KRISTALA EVANS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|---------------------|---------------|---------------------|---------------|------------|--|
| County | RUSK | Region | 04 | Date Licensed | 10/05/2016 | Owner Information |
| License # | 017665 | | | | | COMPASSION SUPPORT LLC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 121356 |
| Medicare 1: | | | | | | FORT WORTH, TX 76121 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 985-0984 | Fax | (903) 471-0049 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERI BELDIN | | | |
| County | SABINE | Region | 05 | Date Licensed | 08/07/2008 | Owner Information |
| License # | 012140 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 08/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (409) 787-1636 | Fax | (409) 787-3690 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRENDA CORLEY | | | |
| County | SABINE | Region | 05 | Date Licensed | 10/16/2006 | Owner Information |
| License # | 010822 | | | | | TEXAS MEDICAL ENTERPRISES INC |
| Lic Expire | 10/31/2018 | | | | | 211 WORTH STREET |
| Medicare 1: | 457974 | | | | | HEMPHILL, TX 75948 |
| Medicare 2: | | | | | | Services: |
| Phone | (844) 576-8773 | Fax | (888) 891-3521 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HEATHER KOVAR | | | |
| County | SAN JACINTO | Region | 05 | Date Licensed | 06/07/2012 | Owner Information |
| License # | 014854 | | | | | BLESSED ASSURANCE HOMEHEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 11231 HWY 150, SUITE A |
| Medicare 1: | | | | | | SHEPHERD, TX 77371 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 585-4519 | Fax | (936) 585-4772 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHERI TAJUDEEN | | | |
| County | SAN PATRICIO | Region | 11 | Date Licensed | 09/26/2000 | Owner Information |
| License # | 007438 | | | | | AMERICAN MEDICAL HOME HEALTH SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | EASTGATE 8 SUITE 100 |
| Medicare 1: | 679063 | | | | | MONESSEN, PA 15062 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 547-5655 | Fax | (361) 547-0304 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBBIE ROBLES | | | |
| County | SAN PATRICIO | Region | 11 | Date Licensed | 05/26/1995 | Owner Information |
| License # | 003523 | | | | | LAKEVIEW HOME CARE INC |
| Lic Expire | 05/31/2018 | | | | | 801 EAST MAIN |
| Medicare 1: | 458490 | | | | | ALICE, TX 78332 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 547-5501 | Fax | (361) 547-3688 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | BRENDA L ANZALDUA | | | |
| County | SAN PATRICIO | Region | 11 | Date Licensed | 03/16/2011 | Owner Information |
| License # | 013964 | | | | | ANTHEM SENIOR CARE SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | PO BOX 1034 |
| Medicare 1: | | | | | | INGLESIDE, TX 78362 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 643-2323 | Fax | (361) 643-1212 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTY GUILIANELLE | | | |
| County | SAN PATRICIO | Region | 11 | Date Licensed | 07/18/2011 | Owner Information |
| License # | 014456 | | | | | INTERCOASTAL HEALTH CARE INC |
| Lic Expire | 07/31/2019 | | | | | 414 SOUTH LIVE OAK |
| Medicare 1: | 67Q9413001 | | | | | LAMPASAS, TX 76550 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 643-9000 | Fax | (361) 643-9002 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | LINDA SELLERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | SAN SABA | Region | 07 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018129 | | | | | BRADY HEALTH CARE SERVICES INC |
| Lic Expire | 04/30/2019 | | | | | 14295 MIDWAY ROAD, SUITE 400 |
| Medicare 1: | 67Q7455002 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (325) 372-3897 | Fax | (325) 372-3968 | | | Services: |
| Type: | Branch Agency | Administrator | CHERYL WILSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | SCURRY | Region | 02 | Date Licensed | 04/24/1984 | Owner Information |
| License # | 001523 | | | | | SCURRY COUNTY HOSPITAL DISTRICT |
| Lic Expire | 04/30/2018 | | | | | 1700 COGDELL BOULEVARD |
| Medicare 1: | 741703 | | | | | SNYDER, TX 79549 |
| Medicare 2: | 457656 | | | | | |
| Phone | (325) 574-7340 | Fax | (325) 573-1882 | | | Services: |
| Type: | Parent Agency | Administrator | LAURIE ROLAND | | | Licensed and Certified Home Health Services, Hospice |
| County | SCURRY | Region | 02 | Date Licensed | 05/11/2017 | Owner Information |
| License # | 018054 | | | | | CROSS' CARE INC |
| Lic Expire | 05/31/2019 | | | | | 2703 COLLEGE AVE |
| Medicare 1: | | | | | | SNYDER, TX 79549 |
| Medicare 2: | | | | | | |
| Phone | (325) 573-9999 | Fax | (325) 573-3223 | | | Services: |
| Type: | Parent Agency | Administrator | BECKY CROSS | | | Personal Assistance Services |
| County | SHACKELFORD | Region | 02 | Date Licensed | 12/01/2008 | Owner Information |
| License # | 012325 | | | | | INTEGRACARE OF ALBANY LLC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 747259 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (325) 762-2854 | Fax | (325) 762-3746 | | | Services: |
| Type: | Parent Agency | Administrator | LEILA BETH DENNIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | SHELBY | Region | 05 | Date Licensed | 08/25/1995 | Owner Information |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 67Q7545003 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | |
| Phone | (936) 591-0116 | Fax | (936) 591-0302 | | | Services: |
| Type: | Branch Agency | Administrator | KERRI L GRIFFIN | | | Licensed and Certified Home Health Services |
| County | SHELBY | Region | 05 | Date Licensed | 05/31/2016 | Owner Information |
| License # | 013942 | | | | | AFFINITY HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 2708 SOUTH MEDFORD DRIVE |
| Medicare 1: | | | | | | LUFKIN, TX 75901 |
| Medicare 2: | | | | | | |
| Phone | (936) 657-4050 | Fax | (888) 659-2676 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | QUINCY B MARTINDALE | | | Hospice |
| County | SHELBY | Region | 05 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008274 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2018 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 67Q7660002 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (936) 590-9303 | Fax | (936) 590-9306 | | | Services: |
| Type: | Branch Agency | Administrator | KARLA SHAY DOZIER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | SMITH | Region | 04 | Date Licensed | 09/05/2017 | Owner Information |
| License # | 018295 | | | | | L & S GEALLAIM HEALTHCARE VENTURES LLC |
| Lic Expire | 09/30/2019 | | | | | 1301 PRAIRIE DR |
| Medicare 1: | | | | | | LEWISVILLE, TX 75067 |
| Medicare 2: | | | | | | |
| Phone | (903) 261-1012 | Fax | (903) 596-8903 | | | Services: |
| Type: | Parent Agency | Administrator | LESLIE HARROLD | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|------------------------|--------------------------------------|--------------------------|--|
| County SMITH | Region 04 | Date Licensed 03/24/2003 | Owner Information ALLEGIANCE HOME HEALTH SERVICES LLC 401 E FRONT ST SUITE 120 TYLER, TX 75702 |
| License # 008374 | ALLEGIANCE HOME HEALTH SERVICES | | |
| Lic Expire 03/31/2019 | 401 E FRONT ST SUITE 120 | | |
| Medicare 1: 679290 | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 593-1737 | Fax (903) 593-1752 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator WILLIAM D SHERIDAN | | |
| County SMITH | Region 04 | Date Licensed 03/24/2006 | Owner Information PERSONAL HOME HEALTHCARE AGENCY LLC 2000 S ROYALL PALESTINE, TX 75801 |
| License # 003546 | ANGELS CARE HOME HEALTH | | |
| Lic Expire 01/31/2019 | 1820 SHILOH ROAD SUITE 1400 | | |
| Medicare 1: 45Q8433004 | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 561-2252 | Fax (903) 561-2253 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Branch Agency | Administrator ALETHEA THACKER | | |
| County SMITH | Region 04 | Date Licensed 02/03/2011 | Owner Information AOC SENIOR HOME HEALTH CORP P O BOX 338 HOWE, TX 75459 |
| License # 010691 | ANGELS OF CARE PEDIATRIC HOME HEALTH | | |
| Lic Expire 08/31/2018 | 755 SOUTH BECKHAM AVE | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 534-4684 | Fax (903) 534-4726 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator HEATHER RODGERS | | |
| County SMITH | Region 04 | Date Licensed 12/09/1987 | Owner Information MEHLING AND ASSOCIATES INC 9846 HWY 31 EAST TYLER, TX 75705 |
| License # 001881 | AT HOME HEALTHCARE | | |
| Lic Expire 12/31/2019 | 419 S BECKHAM | | |
| Medicare 1: 677132 | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 597-7700 | Fax (903) 592-1903 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator RHONDA KELLY | | |
| County SMITH | Region 04 | Date Licensed 01/11/1995 | Owner Information HELPING HANDS HOMECARE LTD 9846 HIGHWAY 31 EAST TYLER, TX 75705 |
| License # 003487 | AT HOME HEALTHCARE | | |
| Lic Expire 01/31/2020 | 9846 HWY 31 EAST | | |
| Medicare 1: 458347 | TYLER, TX 75705 | | |
| Medicare 2: | | | Services: |
| Phone (903) 592-8001 | Fax (903) 596-7479 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator JENNIFER HUFFMAN | | |
| County SMITH | Region 04 | Date Licensed 09/11/2001 | Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY LTD 506 HWY 79 NORTH HENDERSON, TX 75652 |
| License # 002875 | AT HOME HEALTHCARE | | |
| Lic Expire 05/31/2018 | 419 S BECKHAM | | |
| Medicare 1: 45Q8072001 | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 597-7700 | Fax (903) 592-1903 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Branch Agency | Administrator RHONDA KELLY | | |
| County SMITH | Region 04 | Date Licensed 07/01/1999 | Owner Information BIENVILLE HOLDINGS LTD 423 S BECKHAM AVENUE TYLER, TX 75702 |
| License # 007113 | AT HOME HEALTHCARE | | |
| Lic Expire 06/30/2018 | 423 S BECKHAM | | |
| Medicare 1: | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 593-9945 | Fax (903) 525-3861 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator DEBRA JARRELL | | |
| County SMITH | Region 04 | Date Licensed 04/02/2002 | Owner Information BIENVILLE HOLDINGS LTD 423 S BECKHAM AVENUE TYLER, TX 75702 |
| License # 007898 | AT HOME SUPPORT | | |
| Lic Expire 04/30/2019 | 2210 THREE LAKES PARKWAY SUITE 150 | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 593-9330 | Fax (903) 525-3862 | | Personal Assistance Services |
| Type: Parent Agency | Administrator RHONDA KELLY | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-----------------------|-----------------------------------|--------------------------|--|
| County SMITH | Region 04 | Date Licensed 03/20/2006 | Owner Information BALM IN GILEAD HOME HEALTH SERVICES INC 4546 SOUTH BROADWAY SUITE C TYLER, TX 75703 |
| License # 010346 | | | |
| Lic Expire 03/31/2019 | | | |
| Medicare 1: 679545 | | | |
| Medicare 2: | | | |
| Phone (903) 561-9419 | Fax (903) 561-2633 | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator NGOZI C ONWUZURUMBA | | |
| County SMITH | Region 04 | Date Licensed 09/20/2011 | Owner Information BEULAH HOME HEALTH AGENCY INC 3613 ROCK CREEK DRIVE TYLER, TX 75707 |
| License # 014367 | | | |
| Lic Expire 09/30/2019 | | | |
| Medicare 1: 747788 | | | |
| Medicare 2: | | | |
| Phone (903) 581-2058 | Fax (903) 939-0206 | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator VINCENT UDUSEN | | |
| County SMITH | Region 04 | Date Licensed 09/14/2016 | Owner Information AIDING HOME HEALTH LLC 3880 HULEN ST SUITE 670 FORT WORTH, TX 76107 |
| License # 017818 | | | |
| Lic Expire 09/30/2018 | | | |
| Medicare 1: 673165 | | | |
| Medicare 2: | | | |
| Phone (817) 348-8800 | Fax (817) 348-8805 | | Services: Licensed and Certified Home Health Services |
| Type: Parent Agency | Administrator DEBORAH ELLIS | | |
| County SMITH | Region 04 | Date Licensed 10/02/2014 | Owner Information CP HOME CARE, LLC 3131 MCKINNEY AVE. SUITE 475 DALLAS, TX 75204 |
| License # 016586 | | | |
| Lic Expire 10/31/2018 | | | |
| Medicare 1: 747362 | | | |
| Medicare 2: | | | |
| Phone (903) 595-2206 | Fax (903) 533-8974 | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator SHIRLEY DUDLEY | | |
| County SMITH | Region 04 | Date Licensed 03/01/2016 | Owner Information CANDY CARES LLC 401 E FRONT STREET SUITE 136 TYLER, TX 75702 |
| License # 017294 | | | |
| Lic Expire 02/28/2018 | | | |
| Medicare 1: | | | |
| Medicare 2: | | | |
| Phone (903) 747-8141 | Fax (903) 747-8141 | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator JULIA WILLIAMS | | |
| County SMITH | Region 04 | Date Licensed 12/13/2004 | Owner Information THE TWO MONDINIS INC 3800 PALUXY DRIVE STE 115 TYLER, TX 75703 |
| License # 009459 | | | |
| Lic Expire 12/31/2017 | | | |
| Medicare 1: | | | |
| Medicare 2: | | | |
| Phone (903) 561-6483 | Fax (903) 561-6828 | | Services: Personal Assistance Services |
| Type: Parent Agency | Administrator MONICA BLACK | | |
| County SMITH | Region 04 | Date Licensed 04/01/2013 | Owner Information INTEGRITY FAMILY HOME CARE LLC 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 TYLER, TX 75703 |
| License # 015531 | | | |
| Lic Expire 03/31/2019 | | | |
| Medicare 1: 458261 | | | |
| Medicare 2: | | | |
| Phone (903) 363-9932 | Fax (888) 333-8977 | | Services: Licensed and Certified Home Health Services |
| Type: Parent Agency | Administrator AMBER TAFT | | |
| County SMITH | Region 04 | Date Licensed 08/23/2017 | Owner Information CIVPLUS CARE, LLC 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 TYLER, TX 75703 |
| License # 018468 | | | |
| Lic Expire 08/31/2019 | | | |
| Medicare 1: | | | |
| Medicare 2: | | | |
| Phone (903) 566-0734 | Fax (903) 566-2915 | | Services: Personal Assistance Services |
| Type: Parent Agency | Administrator ROBBIE L BROWN | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|------------------------|---|--------------------------|--|
| County SMITH | Region 04 | Date Licensed 09/01/2017 | Owner Information LHCG CXII, LLC PO BOX 51266 LAFAYETTE, TX 70505 |
| License # 018435 | CHRISTUS HOMECARE | | |
| Lic Expire 08/31/2019 | 821 E SOUTHEAST LOOP 323 SUITE 560 | | |
| Medicare 1: 743197 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (972) 393-8094 | Fax (972) 393-0237 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator MEREDITH CHILDRESS | | |
| County SMITH | Region 04 | Date Licensed 05/02/2012 | Owner Information CIMA HOSPICE OF EAST TEXAS LLC 14295 MIDWAY RD STE 400 ADDISON, TX 75001 |
| License # 014772 | CIMA HOSPICE | | |
| Lic Expire 05/31/2018 | 921 SHILOH ROAD SUITE B100 | | |
| Medicare 1: 671744 | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 509-2462 | Fax (903) 509-1414 | | Hospice |
| Type: Parent Agency | Administrator SHARLA DUECKER | | |
| County SMITH | Region 04 | Date Licensed 10/30/2014 | Owner Information SHORR HOSPICE HOLDINGS, LLC 421 N CENTER ST LONGVIEW, TX 75601 |
| License # 016734 | COMPASS HOSPICE OF EAST TEXAS LLC | | |
| Lic Expire 10/31/2018 | 828 SOUTH FLEISCHER AVE | | |
| Medicare 1: 671547 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 533-8383 | Fax (903) 533-8388 | | Hospice |
| Type: Parent Agency | Administrator GLENDA STEGALL | | |
| County SMITH | Region 04 | Date Licensed 10/15/2015 | Owner Information DIVINE HEALTH CARE SERVICES INC 3200 TROUP HIGHWAY SUITE 228 TYLER, TX 75701 |
| License # 017402 | DIVINE HEALTH CARE SERVICES INC | | |
| Lic Expire 10/31/2019 | 3200 TROUP HIGHWAY SUITE 228 | | |
| Medicare 1: 679265 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 595-2400 | Fax (903) 595-2415 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator EMILIA N. ANYANWU | | |
| County SMITH | Region 04 | Date Licensed 05/01/2006 | Owner Information EAST TEXAS MEDICAL CENTER HOME SERVICES 1409 S BECKHAM SUITE 300 TYLER, TX 75701 |
| License # 010659 | EAST TEXAS MEDICAL CENTER HOME HEALTH NORTH | | |
| Lic Expire 04/30/2018 | 1409 S BECKHAM SUITE 100 | | |
| Medicare 1: 67Q7037006 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 535-6051 | Fax (903) 535-6058 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator CURT SMITH | | |
| County SMITH | Region 04 | Date Licensed 03/04/2005 | Owner Information AHM ACTION HOME HEALTH LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX 75206 |
| License # 009754 | ENCOMPASS HOME HEALTH OF EAST TEXAS | | |
| Lic Expire 03/31/2019 | 100 E FERGUSON ST SUITE 102 | | |
| Medicare 1: 459457 | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 526-4663 | Fax (903) 526-2388 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator APRIL ALEXANDER | | |
| County SMITH | Region 04 | Date Licensed 04/19/2016 | Owner Information EPIC HEALTH SERVICES INC SIX CONCOURSE PARKWAY, SUITE 1100 ATLANTA, GA 30328 |
| License # 014848 | EPIC PEDIATRIC THERAPY | | |
| Lic Expire 03/31/2018 | 921 SHILOH ROAD SUITE C 120 | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 939-2800 | Fax (903) 581-7057 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator MARCUS KOENIG | | |
| County SMITH | Region 04 | Date Licensed 03/28/2012 | Owner Information EPIC HEALTH SERVICES INC SIX CONCOURSE PARKWAY, SUITE 1100 ATLANTA, GA 30328 |
| License # 014848 | EPIC PEDIATRIC THERAPY | | |
| Lic Expire 03/31/2018 | 212 OLD GRANDE BLD STE A110 | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 509-3742 | Fax (903) 509-3744 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator MARCUS KOENIG | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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| County SMITH | Region 04 | Date Licensed 03/01/2017 | Owner Information FELLOWSHIP HEALTH TEAM LLC 1124 S. FLEISHEL AVENUE TYLER, TX 75701 |
| License # 018063 | FELLOWSHIP HOME HEALTH LLC | | |
| Lic Expire 02/28/2019 | 1124 S FLEISHEL AVENUE | | |
| Medicare 1: 743119 | TYLER, TX 75701 | | |
| Medicare 2: | | | |
| Phone (903) 617-6872 | Fax (903) 617-6872 | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator SHALITRIS R. GRIMES | | |
| County SMITH | Region 04 | Date Licensed 02/11/2016 | Owner Information RENAL CARE GROUP TEXAS INC 3824 TROUP HIGHWAY TYLER, TX 75703 |
| License # 017267 | FRESENIUS TYLER HOME DIALYSIS CENTER | | |
| Lic Expire 02/28/2018 | 3824 TROUP HIGHWAY | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | |
| Phone (903) 581-8707 | Fax (903) 581-8708 | | Services: Licensed Home Health Services with Dialysis |
| Type: Parent Agency | Administrator JACKIE FERREL | | |
| County SMITH | Region 04 | Date Licensed 11/30/2007 | Owner Information GIRLING HEALTH CARE INC 12900 FOSTER, SUITE#400 OVERLAND PARK, KS 66213 |
| License # 011762 | GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE | | |
| Lic Expire 11/30/2018 | 100 E FERGUSON STREET SUITE 600 | | |
| Medicare 1: | TYLER, TX 75702 | | |
| Medicare 2: | | | |
| Phone (903) 526-2914 | Fax (903) 526-1461 | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator LISA HENRY | | |
| County SMITH | Region 04 | Date Licensed 06/18/2009 | Owner Information ELECT HOME HEALTH CARE INC 311 NORTH GLENWOOD TYLER, TX 75702 |
| License # 012761 | GOODLOOKING HEALTHCARE | | |
| Lic Expire 06/30/2019 | 701 S BECKHAM | | |
| Medicare 1: 453193 | TYLER, TX 75701 | | |
| Medicare 2: | | | |
| Phone (844) 576-8773 | Fax (888) 891-3521 | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator HEATHER KOVAR | | |
| County SMITH | Region 04 | Date Licensed 12/13/2012 | Owner Information HARBOR HOSPICE 27 L P 3406 COLLEGE STREET SUITE 200 BEAUMONT, TX 77701 |
| License # 015265 | HARBOR HOSPICE 27 LP | | |
| Lic Expire 12/31/2018 | 727 E FRONT STREET SUITE 100 | | |
| Medicare 1: 741565 | TYLER, TX 75702 | | |
| Medicare 2: | | | |
| Phone (903) 525-9390 | Fax (903) 525-9285 | | Services: Hospice |
| Type: Parent Agency | Administrator AMY SHUPTRINE | | |
| County SMITH | Region 04 | Date Licensed 04/03/2014 | Owner Information HARBOR HOSPICE OF LONGVIEW LP 3406 COLLEGE STREET SUITE 200 BEAUMONT, TX 77701 |
| License # 016126 | HARBOR HOSPICE OF LONGVIEW LP | | |
| Lic Expire 04/30/2018 | 727 EAST FRONT STREET SUITE 100B | | |
| Medicare 1: 741609 | TYLER, TX 75702 | | |
| Medicare 2: | | | |
| Phone (903) 525-9390 | Fax (903) 525-9285 | | Services: Hospice |
| Type: Parent Agency | Administrator AMY SHUPTRINE | | |
| County SMITH | Region 04 | Date Licensed 04/03/2014 | Owner Information HARBOR HOSPICE OF TEXARKANA LP 3406 COLLEGE STREET SUITE 200 BEAUMONT, TX 77701 |
| License # 016127 | HARBOR HOSPICE OF TEXARKANA LP | | |
| Lic Expire 04/30/2018 | 727 EAST FRONT STREET SUITE 100A | | |
| Medicare 1: 741659 | TYLER, TX 75702 | | |
| Medicare 2: | | | |
| Phone (903) 525-9390 | Fax (903) 525-9285 | | Services: Hospice |
| Type: Parent Agency | Administrator AMY SHUPTRINE | | |
| County SMITH | Region 04 | Date Licensed 10/25/2013 | Owner Information HEART TO HEART HOSPICE OF TYLER LTD 7240 CHASE OAKS BLVD PLANO, TX 75025 |
| License # 015986 | HEART TO HEART HOSPICE OF TYLER LTD | | |
| Lic Expire 10/31/2019 | 7925 S BROADWAY AVENUE SUITE 1140 | | |
| Medicare 1: 451756 | TYLER, TX 75703 | | |
| Medicare 2: | | | |
| Phone (903) 593-6619 | Fax (903) 593-6695 | | Services: Hospice |
| Type: Parent Agency | Administrator GINA DAUGHTRY | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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| County SMITH | Region 04 | Date Licensed 07/14/2017 | Owner Information HEATON HEALTH SERVICES AGENCY LLC 11807 VERMILLION ST TYLER, TX 75703 |
| License # 018169 | HEATON HEALTH SERVICES AGENCY LLC | | |
| Lic Expire 07/31/2019 | 11807 VERMILLION ST | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 239-1430 | Fax (903) 630-3738 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator SARAH J HEATON | | |
| County SMITH | Region 04 | Date Licensed 09/03/2002 | Owner Information HOME AID CAREGIVERS LTD 1530 SSW LOOP 323 SUITE 127 TYLER, TX 75701 |
| License # 008095 | HOME AID CAREGIVERS LTD | | |
| Lic Expire 09/30/2019 | 1530 SSW LOOP 323 SUITE 127 | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 533-1300 | Fax (903) 510-2978 | | Personal Assistance Services |
| Type: Parent Agency | Administrator JOSEPH EDWARD COKER | | |
| County SMITH | Region 04 | Date Licensed 08/10/2017 | Owner Information BUCKSKIN 903 VENTURES, LLC 5380 OLD BULLARD RD STE 600-264 TYLER, TX 75703 |
| License # 018433 | HOME INSTEAD SENIOR CARE | | |
| Lic Expire 08/31/2019 | 705 S VINE AVE | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 258-9061 | Fax | | Personal Assistance Services |
| Type: Parent Agency | Administrator ELLEN TRANT | | |
| County SMITH | Region 04 | Date Licensed 07/29/2010 | Owner Information HOMEPOINTE HEALTHCARE INC 130 SHELLEY DRIVE SUITE C TYLER, TX 75701 |
| License # 013500 | HOMEPOINTE HOME HEALTH | | |
| Lic Expire 07/31/2018 | 130 SHELLEY DRIVE SUITE C | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 533-0300 | Fax (903) 939-9165 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator WILLIAM C BROWN | | |
| County SMITH | Region 04 | Date Licensed 04/02/2014 | Owner Information SBS HOSPICE LLC 415 HIGHWAY 377 S SUITE 200 ARGYLE, TX 76226 |
| License # 016124 | HOSPICE CONNECTION | | |
| Lic Expire 04/30/2018 | 1820 SHILOH ROAD SUITE 1105 | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 787-5897 | Fax (903) 787-5912 | | Hospice |
| Type: Parent Agency | Administrator MARK LANDON ALLEN | | |
| County SMITH | Region 04 | Date Licensed 07/07/1989 | Owner Information HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701 |
| License # 002043 | HOSPICE OF EAST TEXAS | | |
| Lic Expire 07/31/2018 | 4111 UNIVERSITY BLVD | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 266-3400 | Fax (903) 566-0291 | | Hospice |
| Type: Parent Agency | Administrator MARJORIE REAM | | |
| County SMITH | Region 04 | Date Licensed 08/04/2004 | Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 |
| License # 009235 | HOSPICE PLUS | | |
| Lic Expire 08/31/2018 | 112 E LINE ST SUITE 202 | | |
| Medicare 1: | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 787-7502 | Fax (903) 787-7506 | | Hospice |
| Type: Alternate Delivery Site | Administrator RANDALL HICKS | | |
| County SMITH | Region 04 | Date Licensed 03/18/2009 | Owner Information HUMILITY HOME HEALTH SERVICES INC 612 PRESTONWOOD CIRCLE TYLER, TX 75703 |
| License # 012516 | HUMILITY HOME HEALTH SERVICES INC | | |
| Lic Expire 03/31/2019 | 4546 SOUTH BROADWAY AVE SUITE A | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 939-0290 | Fax (903) 504-5145 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator OKWUCHI U NWASURUBA | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------------|---------------|------------|---|
| County | SMITH | Region | 04 | Date Licensed | 01/01/2003 | Owner Information JHS OPERATIONS LLC 14295 MIDWAY RD STE 400 ADDISON, TX 75001 |
| License # | 008273 | | | | | |
| Lic Expire | 12/31/2019 | | | | | |
| Medicare 1: | 45Q7507003 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 509-0959 | Fax | (903) 509-1068 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KAREN CROWELL | | | |
| County | SMITH | Region | 04 | Date Licensed | 06/26/2008 | Owner Information GIRLING HEALTH CARE INC 12900 FOSTER, SUITE#400 OVERLAND PARK, KS 66213 |
| License # | 012075 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 45Q7096006 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 595-5266 | Fax | (903) 595-5289 | | | Services: Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | MARCIA LOWE | | | |
| County | SMITH | Region | 04 | Date Licensed | 12/01/2012 | Owner Information LEGACY HOSPICE LLC PO BOX 131030 TYLER, TX 75713 |
| License # | 015333 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | 451740 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 509-3015 | Fax | (903) 509-5971 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | JOE ALLEN | | | |
| County | SMITH | Region | 04 | Date Licensed | 12/01/2012 | Owner Information LEGACY HOSPICE LLC PO BOX 131030 TYLER, TX 75713 |
| License # | 015333 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | 451740 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 509-3015 | Fax | (903) 509-5971 | | | Services: Hospice |
| Type: | Alternate Delivery Site | Administrator | JOE ALLEN | | | |
| County | SMITH | Region | 04 | Date Licensed | 01/21/2009 | Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046 |
| License # | 012918 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 581-8881 | Fax | (877) 799-3230 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CECIL AARON HICKMAN | | | |
| County | SMITH | Region | 04 | Date Licensed | 02/02/2001 | Owner Information NEW CONCEPT HEALTH SERVICES INC 620 SHELLEY DRIVE TYLER, TX 75701 |
| License # | 007537 | | | | | |
| Lic Expire | 02/28/2018 | | | | | |
| Medicare 1: | 679039 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 561-1662 | Fax | (903) 561-1543 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPH DAVID | | | |
| County | SMITH | Region | 04 | Date Licensed | 01/07/2008 | Owner Information NIGHTINGALE PROVIDER SERVICES INC 5823 PERSIMMON DRIVE TYLER, TX 75707 |
| License # | 011800 | | | | | |
| Lic Expire | 01/31/2019 | | | | | |
| Medicare 1: | 747287 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 509-4440 | Fax | (903) 534-8999 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIUA DANIELS WILLIAMS | | | |
| County | SMITH | Region | 04 | Date Licensed | 07/12/2017 | Owner Information OUTREACH HEALTH COMMUNITY CARE SERVICES LP 269 WEST RENNER PARKWAY RICHARDSON, TX 75080 |
| License # | 007339 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (866) 270-9747 | Fax | (972) 840-7201 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARY ELIZABETH ROBERTS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|------------------------|--------------------------------------|--------------------------|--|
| County SMITH | Region 04 | Date Licensed 01/24/2005 | Owner Information PARADIGM REHAB & NURSING LP PO BOX 130010 TYLER, TX 75713 |
| License # 009541 | PARADIGM HOMECARE | | |
| Lic Expire 01/31/2020 | 777 S BROADWAY AVENUE SUITE 200 | | |
| Medicare 1: 457833 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 581-1223 | Fax (903) 581-1253 | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: Parent Agency | Administrator SARAH BETH SMITH | | |
| County SMITH | Region 04 | Date Licensed 02/28/2013 | Owner Information PEDIATRIC HOME HEALTHCARE LLC 101 N SHORELINE BLVD STE 201 CORPUS CHRISTI, TX 78401 |
| License # 015400 | PEDIATRIC HOME HEALTHCARE LLC | | |
| Lic Expire 02/28/2019 | 3200 TROUP HIGHWAY SUITE 135 | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 592-7442 | Fax (903) 593-9917 | | Licensed Home Health Services |
| Type: Parent Agency | Administrator JULIE GOLIGHTLY | | |
| County SMITH | Region 04 | Date Licensed 09/17/2007 | Owner Information PHCS I INC 1666 NORTH HAMPTON ROAD SUITE 102 DESOTO, TX 75115 |
| License # 011585 | PREMIER HEALTH CARE SERVICES I | | |
| Lic Expire 09/30/2019 | 1324 S BECKHAM AVENUE SUITE 231 | | |
| Medicare 1: 747071 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 526-3477 | Fax (469) 374-5426 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator FRANKLIN R HUNTER | | |
| County SMITH | Region 04 | Date Licensed 08/22/2008 | Owner Information PHCS IV INC 1324 S BECKHAM AVENUE SUITE 231B TYLER, TX 75701 |
| License # 012274 | PREMIER HEALTHCARE SERVICES LAKESIDE | | |
| Lic Expire 08/31/2018 | 1324 S BECKHAM AVENUE SUITE 231B | | |
| Medicare 1: 673137 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (972) 526-3477 | Fax (469) 374-5423 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator FRANKLIN HUNTER | | |
| County SMITH | Region 04 | Date Licensed 05/21/2009 | Owner Information NETHC LLC 420 E 5TH STREET TYLER, TX 75701 |
| License # 012611 | RIGHT AT HOME OF NORTHEAST TEXAS | | |
| Lic Expire 05/31/2019 | 420 E 5TH STREET | | |
| Medicare 1: | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 253-0778 | Fax (903) 705-7199 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator WILLA NIPP | | |
| County SMITH | Region 04 | Date Licensed 05/31/2017 | Owner Information TEXAS HOME HEALTH SKILLED SERVICES LP 17855 N DALLAS PKWY SUITE 200 DALLAS, TX 75287 |
| License # 018168 | TEXAS HOME HEALTH SKILLED SERVICES | | |
| Lic Expire 05/31/2019 | 7925 S. BROADWAY AVE., SUITE 900 | | |
| Medicare 1: | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 597-2086 | Fax (903) 597-2109 | | Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator CASSIE ADAMS | | |
| County SMITH | Region 04 | Date Licensed 08/20/2004 | Owner Information TEXAS HOME HEALTH SKILLED SERVICES LP 17855 N DALLAS PKWY SUITE 200 DALLAS, TX 75287 |
| License # 007741 | TEXAS HOME HEALTH SKILLED SERVICES | | |
| Lic Expire 09/30/2019 | 7925 S BROADWAY AVENUE SUITE 900 | | |
| Medicare 1: 67Q9090002 | TYLER, TX 75703 | | |
| Medicare 2: | | | Services: |
| Phone (903) 597-2086 | Fax (903) 597-2109 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator JANET DALME | | |
| County SMITH | Region 04 | Date Licensed 05/05/2010 | Owner Information THERAPY 2000 INC 2535 LONE STAR DR DALLAS, TX 75212 |
| License # 007367 | THERAPY 2000 | | |
| Lic Expire 07/31/2018 | 100 E FERGUSON SUITE 1204 | | |
| Medicare 1: | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (214) 467-9787 | Fax (214) 741-3655 | | Licensed Home Health Services |
| Type: Branch Agency | Administrator JERRE T VAN DEN BENT | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------------------|-----------------------------------|--------------------------|---|
| County SMITH | Region 04 | Date Licensed 10/01/2014 | Owner Information TRADITIONS HEALTH CARE OF TYLER LLC PO BOX 9980 COLLEGE STATION, TX 77842 |
| License # 016542 | TRADITIONS HEALTH CARE | | |
| Lic Expire 09/30/2018 | 10240 US HIGHWAY 69 NORTH | | |
| Medicare 1: 457951 | TYLER, TX 75706 | | |
| Medicare 2: | | | Services: |
| Phone (903) 509-4555 | Fax (903) 509-4556 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator RUSSELL W RIDENHOUR | | |
| County SMITH | Region 04 | Date Licensed 09/25/1998 | Owner Information UNICARE HOME HEALTH SERVICES OF TYLER INC 3300 S BROADWAY AVE STE 208 TYLER, TX 75701 |
| License # 006918 | UNICARE HOME HEALTH SERVICES | | |
| Lic Expire 09/30/2018 | 3300 S BROADWAY AVE STE 208 | | |
| Medicare 1: 459429 | TYLER, TX 75701 | | |
| Medicare 2: | | | Services: |
| Phone (903) 531-9949 | Fax (903) 531-9951 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator GRACE UKPONG | | |
| County SMITH | Region 04 | Date Licensed 02/21/2012 | Owner Information SJ HOMECARE INC 419 W HOUSTON ST TYLER, TX 75702 |
| License # 014739 | VISITING ANGELS | | |
| Lic Expire 02/29/2020 | 419 W HOUSTON ST | | |
| Medicare 1: | TYLER, TX 75702 | | |
| Medicare 2: | | | Services: |
| Phone (903) 581-5122 | Fax (903) 561-6376 | | Personal Assistance Services |
| Type: Parent Agency | Administrator HEATHER BROWN | | |
| County SOMERVELL | Region 03 | Date Licensed 04/30/1995 | Owner Information LEE HEALTHCARE INC PO BOX 766 HAMILTON, TX 76531 |
| License # 002197 | LEE HEALTHCARE INC | | |
| Lic Expire 04/30/2018 | 907 NE BIG BEND TRAIL SUITE B | | |
| Medicare 1: 67Q7412001 | GLEN ROSE, TX 76043 | | |
| Medicare 2: | | | Services: |
| Phone (254) 897-7087 | Fax (254) 898-8261 | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: Branch Agency | Administrator PAMELA PARSONS | | |
| County STARR | Region 11 | Date Licensed 05/01/2017 | Owner Information DNA HEALTH PROVIDER LLC PO BOX 2 GARCIAVILLE, TX 78547 |
| License # 018029 | DNA HEALTH PROVIDER LLC | | |
| Lic Expire 04/30/2019 | 52 OLD MILITARY RD | | |
| Medicare 1: | GARCIAVILLE, TX 78547 | | |
| Medicare 2: | | | Services: |
| Phone (956) 844-3129 | Fax | | Personal Assistance Services |
| Type: Parent Agency | Administrator DIANA M. LOPEZ | | |
| County STARR | Region 11 | Date Licensed 12/04/2014 | Owner Information THERAPY ACADEMY AT HOME LLC 756 N FM 2360 RIO GRANDE CITY, TX 78582 |
| License # 016548 | THERAPY ACADEMY AT HOME PLLC | | |
| Lic Expire 12/31/2018 | 756 N FM 2360 | | |
| Medicare 1: | RIO GRANDE, TX 78582 | | |
| Medicare 2: | | | Services: |
| Phone (956) 263-1371 | Fax (956) 263-1270 | | Licensed Home Health Services |
| Type: Parent Agency | Administrator MELISSA ZARATE | | |
| County STARR | Region 11 | Date Licensed 08/01/2013 | Owner Information A SPECIAL HOME HEALTH LLC PO BOX 1150 RIO GRANDE CITY, TX 78582 |
| License # 015683 | A SPECIAL HOME HEALTH LLC | | |
| Lic Expire 07/31/2019 | 602 N FLORES STREET | | |
| Medicare 1: 747969 | RIO GRANDE CITY, TX 78582 | | |
| Medicare 2: | | | Services: |
| Phone (956) 488-6828 | Fax (956) 488-6829 | | Licensed and Certified Home Health Services |
| Type: Parent Agency | Administrator MARTHA PEREZ | | |
| County STARR | Region 11 | Date Licensed 02/10/2009 | Owner Information ANGELITOS HEALTH CARE INC 2544 CENTRAL PALM DRIVE SUITE 107 RIO GRANDE CITY, TX 78582 |
| License # 012537 | ANGELITOS PREVENTIVE HEALTH CARE | | |
| Lic Expire 02/28/2019 | 2544 CENTRAL PALM DRIVE SUITE 107 | | |
| Medicare 1: 678290 | RIO GRANDE CITY, TX 78582 | | |
| Medicare 2: | | | Services: |
| Phone (956) 488-8434 | Fax (956) 488-8823 | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: Parent Agency | Administrator MARIA D. PENA | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | STARR | Region | 11 | Date Licensed | 09/20/2017 | <u>Owner Information</u> |
| License # | 014187 | | | | | ANGELS OF COMFORT INC |
| Lic Expire | 06/30/2019 | | | | | 605 W MAIN STREET #2 |
| Medicare 1: | | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 256-3777 | Fax | (956) 583-4621 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | PEDRO A TREVINO | | | |
| County | STARR | Region | 11 | Date Licensed | 09/13/2011 | <u>Owner Information</u> |
| License # | 014398 | | | | | APC HOME HEALTH SERVICE INC |
| Lic Expire | 09/30/2019 | | | | | 1805 BELL STREET |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 487-4744 | Fax | (956) 487-0085 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOVIE CANTU | | | |
| County | STARR | Region | 11 | Date Licensed | 04/18/2013 | <u>Owner Information</u> |
| License # | 015488 | | | | | BUENA FE HOME HEALTH CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 296 W. 2ND ST. |
| Medicare 1: | | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 263-1682 | Fax | (956) 263-1684 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | HECTOR HERON GARZA | | | |
| County | STARR | Region | 11 | Date Licensed | 05/10/2007 | <u>Owner Information</u> |
| License # | 004883 | | | | | CHAMPION CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1419 MARKET |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 488-2326 | Fax | (956) 488-2384 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | YOLINDA TREVINO | | | |
| County | STARR | Region | 11 | Date Licensed | 12/03/2008 | <u>Owner Information</u> |
| License # | 008442 | | | | | LEGACY HOME HEALTH AGENCY INC |
| Lic Expire | 02/28/2019 | | | | | PO BOX 60650 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78466 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 487-2700 | Fax | (956) 487-3718 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | AMBROSE HERNANDEZ | | | |
| County | STARR | Region | 11 | Date Licensed | 08/20/2015 | <u>Owner Information</u> |
| License # | 017227 | | | | | FALCONCITOS HEALTH CARE INC |
| Lic Expire | 08/31/2019 | | | | | 2544 CENTRAL PALM DR STE 102 |
| Medicare 1: | 747045 | | | | | RIO GRANDE, TX 78582 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 716-1500 | Fax | (956) 716-1554 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALVARO PENA | | | |
| County | STARR | Region | 11 | Date Licensed | 01/21/2016 | <u>Owner Information</u> |
| License # | 010559 | | | | | NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2018 | | | | | 1005 E 10TH STREET STE A |
| Medicare 1: | | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 317-1294 | Fax | (956) 317-1279 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | ANA MARIA HERNANDEZ | | | |
| County | STARR | Region | 11 | Date Licensed | 07/01/2001 | <u>Owner Information</u> |
| License # | 007972 | | | | | PRESTIGE HOME CARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | PO BOX 60 |
| Medicare 1: | | | | | | RIO GRANDE, TX 78582 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 487-7551 | Fax | (956) 488-1479 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SERGIO TREVINO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | STARR | Region | 11 | Date Licensed | 05/13/2011 | Owner Information |
| License # | 014098 | | | | | PRESTIGE HOME HEALTH SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 400 E 2ND STREET SUITE A |
| Medicare 1: | 747837 | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | |
| Phone | (956) 716-8505 | Fax | (956) 716-8915 | | | Services: |
| Type: | Parent Agency | Administrator | SERGIO TREVINO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | STARR | Region | 11 | Date Licensed | 07/22/2015 | Owner Information |
| License # | 017093 | | | | | SALUD HEALTH CARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 2544 CENTRAL PALM DRIVE STE 106 |
| Medicare 1: | 747643 | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | |
| Phone | (956) 487-5025 | Fax | (956) 487-5024 | | | Services: |
| Type: | Parent Agency | Administrator | ALVARO PENA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | STARR | Region | 11 | Date Licensed | 07/01/1995 | Owner Information |
| License # | 004024 | | | | | MRM ENTERPRISES LLC |
| Lic Expire | 06/30/2019 | | | | | 5344 E HWY 83 BLDG B STE 2 |
| Medicare 1: | | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | |
| Phone | (956) 487-0597 | Fax | (956) 487-7680 | | | Services: |
| Type: | Parent Agency | Administrator | MARIO L GUERRA JR | | | Licensed Home Health Services, Personal Assistance Services |
| County | STARR | Region | 11 | Date Licensed | 10/05/1993 | Owner Information |
| License # | 002643 | | | | | SUNGLO HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2019 | | | | | 3201 SOUTH EXPRESSWAY 83 |
| Medicare 1: | 677734 | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 488-0999 | Fax | (956) 487-4687 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA SALAZAR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | STARR | Region | 11 | Date Licensed | 04/12/2002 | Owner Information |
| License # | 007356 | | | | | TAYLOR HOME HEALTH INC |
| Lic Expire | 06/30/2019 | | | | | 1609 NORTH 6TH |
| Medicare 1: | 67Q9067001 | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 488-1436 | Fax | (956) 488-2316 | | | Services: |
| Type: | Branch Agency | Administrator | MARIA L MOYA | | | Licensed and Certified Home Health Services |
| County | STARR | Region | 11 | Date Licensed | 06/30/1999 | Owner Information |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 487-4896 | Fax | (956) 487-7175 | | | Services: |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | STARR | Region | 11 | Date Licensed | 07/11/2013 | Owner Information |
| License # | 015637 | | | | | UNA BENDICION HOME HEALTH LLC |
| Lic Expire | 07/31/2019 | | | | | 1736 RIVERSIDE STREET |
| Medicare 1: | 747942 | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | |
| Phone | (956) 263-1924 | Fax | (956) 317-1361 | | | Services: |
| Type: | Parent Agency | Administrator | MAYRA REYES | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | STARR | Region | 11 | Date Licensed | 11/05/2007 | Owner Information |
| License # | 011884 | | | | | REM MANAGEMENT LLC |
| Lic Expire | 11/30/2018 | | | | | 49 S LOS BARRERAS RD |
| Medicare 1: | | | | | | RIO GRANDE CITY, TX 78582 |
| Medicare 2: | | | | | | |
| Phone | (956) 352-6687 | Fax | (956) 352-6678 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA MUNIZ | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | STARR | Region | 11 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012407 | | | | | CARIDAD HEALTHCARE INC |
| Lic Expire | 01/31/2019 | | | | | 1713 W GRIFFIN PKWY |
| Medicare 1: | 747774 | | | | | MISSION, TX 78572 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 519-3227 | Fax | (866) 802-0209 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALFREDO VILLARREAL | | | |
| County | STARR | Region | 11 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018223 | | | | | CASITA CORAZON HEALTHCARE AGENCY LLC |
| Lic Expire | 08/31/2019 | | | | | 2717 BRONCO STREET |
| Medicare 1: | | | | | | ROMA, TX 78584 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 353-6253 | Fax | (956) 353-6253 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA B ROCHA | | | |
| County | STEPHENS | Region | 02 | Date Licensed | 11/06/2014 | Owner Information |
| License # | 015321 | | | | | BEYONDFaITH HOSPICE LLC |
| Lic Expire | 01/31/2019 | | | | | 604 OAK STREET SUITE 105 |
| Medicare 1: | | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 559-2200 | Fax | (254) 559-2185 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | BECKY M RICHARDSON | | | |
| County | STEPHENS | Region | 02 | Date Licensed | 10/03/2013 | Owner Information |
| License # | 015793 | | | | | CLEAR PATH HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 1515 WEST WALKER |
| Medicare 1: | | | | | | BRECKENRIDGE, TX 76424 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 559-2030 | Fax | (254) 559-2056 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMES M. SIMMONDS | | | |
| County | STEPHENS | Region | 02 | Date Licensed | 03/13/2013 | Owner Information |
| License # | 015695 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 03/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 559-9582 | Fax | (254) 559-9427 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | PHILIP CRISWELL | | | |
| County | STEPHENS | Region | 02 | Date Licensed | 01/02/2008 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |
| County | SUTTON | Region | 09 | Date Licensed | 05/02/2016 | Owner Information |
| License # | 017378 | | | | | SUTTON COUNTY HOSPITAL DISTRICT |
| Lic Expire | 05/31/2018 | | | | | PO BOX 455 |
| Medicare 1: | 741700 | | | | | SONORA, TX 76950 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 387-2521 | Fax | (325) 387-2396 | | | Hospice |
| Type: | Parent Agency | Administrator | LYNN BURCHELL | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/23/2007 | Owner Information |
| License # | 011502 | | | | | 1ST PRUDENTIAL HEALTH CARE SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 700 HIGHLANDER BLVD., #150 |
| Medicare 1: | 679358 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 726-2007 | Fax | (469) 726-2430 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NNE I ELANGWE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 05/01/2013 | Owner Information |
| License # | 015515 | | | | | A NURSE ANGELS HOME HEALTH INC. |
| Lic Expire | 04/30/2019 | | | | | PO BOX 183491 |
| Medicare 1: | | | | | | ARLINGTON, TX 76096 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 522-1066 | Fax | (817) 628-1677 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CATHERINE LENOIR | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/14/1998 | Owner Information |
| License # | 006576 | | | | | A&T MOORE HEALTH CARE CORPORATION |
| Lic Expire | 07/31/2019 | | | | | PO BOX 121202 |
| Medicare 1: | | | | | | ARLINGTON, TX 76012 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 277-8606 | Fax | (817) 277-8607 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | AUDRA A MOORE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/02/2016 | Owner Information |
| License # | 017486 | | | | | ABIDING HOME HEALTH OF DFW LLC |
| Lic Expire | 06/30/2018 | | | | | 1011 WESTLAKE DRIVE, SUITE 201 |
| Medicare 1: | 679057 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 543-2900 | Fax | (817) 795-5757 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MARTHA BURGESS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/30/2016 | Owner Information |
| License # | 017722 | | | | | ABUNDANT HOME HEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | 2233 AVENUE J SUITE 101 |
| Medicare 1: | 457803 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 633-3152 | Fax | (817) 394-2587 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMES L SANTIAGO | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/04/2012 | Owner Information |
| License # | 015250 | | | | | ACCLAIM HOMECARE SVC, LLC |
| Lic Expire | 12/31/2018 | | | | | 1201 N WATSON ROAD SUITE 204 |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 608-0088 | Fax | (817) 608-0099 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FUNMILAYO O AKINTADE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 05/21/2007 | Owner Information |
| License # | 011342 | | | | | ALLSTAR SENIOR CARE INC |
| Lic Expire | 05/31/2019 | | | | | 1032 PIONEER PKWY STE 400 |
| Medicare 1: | | | | | | ARLINGTON, TX 76031 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 299-9797 | Fax | (817) 794-0103 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | THEAN LYE KOAY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/26/2017 | Owner Information |
| License # | 018403 | | | | | C-PORT LLC SERIES B-HOSPICE |
| Lic Expire | 10/31/2019 | | | | | 3901 ARLINGTON HIGHLANDS BLVD SUITE 200 |
| Medicare 1: | | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 630-2538 | Fax | (469) 533-3998 | | | Hospice |
| Type: | Parent Agency | Administrator | CRAIG DANIEL PORTER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/19/2004 | Owner Information |
| License # | 009209 | | | | | ALFRED HEALTHCARE SERVICES, INC. |
| Lic Expire | 07/31/2018 | | | | | 1601 E LAMAR BLVD STE 117 |
| Medicare 1: | 457849 | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 548-8500 | Fax | (817) 548-8505 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALFRED T AKINOLA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 03/15/2017 | Owner Information |
| License # | 018055 | | | | | ALL CARE PROFESSIONAL HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | | | | 3909 GREEN OAKS BOULEVARD WEST SUITE C |
| Medicare 1: | 457994 | | | | | ARLINGTON, TX 76016 |
| Medicare 2: | | | | | | |
| Phone | (817) 457-2688 | Fax | (817) 457-2689 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTY SPERRY | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/14/2000 | Owner Information |
| License # | 007345 | | | | | ALLSTAR HEALTHCARE INC |
| Lic Expire | 06/30/2018 | | | | | 1030 W PIONEER PARKWAY |
| Medicare 1: | 679001 | | | | | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | |
| Phone | (817) 461-3341 | Fax | (817) 795-7074 | | | Services: |
| Type: | Parent Agency | Administrator | THEAN LYE KOAY | | | Licensed and Certified Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/22/2005 | Owner Information |
| License # | 009830 | | | | | GOLDSTAR HOME HEALTH SYSTEM INC |
| Lic Expire | 06/30/2019 | | | | | 1032 WEST PIONEER PARKWAY #200 |
| Medicare 1: | 671516 | | | | | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | |
| Phone | (817) 794-0048 | Fax | (817) 277-0232 | | | Services: |
| Type: | Parent Agency | Administrator | THEAN L KOAY | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 07/10/2010 | Owner Information |
| License # | 013632 | | | | | ALMOND HEALTHCARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 5840 WEST I 20 SUITE 130 |
| Medicare 1: | 747105 | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (817) 476-6006 | Fax | (817) 476-6020 | | | Services: |
| Type: | Parent Agency | Administrator | RUTH ODAY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/06/2007 | Owner Information |
| License # | 011684 | | | | | OUR ALPHA HEALTHCARE SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 1111 W ARKANSAS LN SUITE B |
| Medicare 1: | | | | | | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | |
| Phone | (817) 467-7955 | Fax | (817) 467-7055 | | | Services: |
| Type: | Parent Agency | Administrator | BOLANLE M MUSTAPHA | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/26/2016 | Owner Information |
| License # | 017421 | | | | | ANEW HOSPICE CARE INC |
| Lic Expire | 05/31/2018 | | | | | 5616 SW GREEN OAKS BLVD., STE E |
| Medicare 1: | 741678 | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (817) 962-6871 | Fax | (817) 483-2225 | | | Services: |
| Type: | Parent Agency | Administrator | DORINDA E. JOHNSON | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 02/15/2017 | Owner Information |
| License # | 018099 | | | | | ANGEL WINGS HEALTHCARE LLC |
| Lic Expire | 02/28/2019 | | | | | 1201 N WATSON ROAD SUITE 165 |
| Medicare 1: | 741641 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 583-6636 | Fax | (817) 538-9508 | | | Services: |
| Type: | Parent Agency | Administrator | DOROTHEA D LEE | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 08/25/2003 | Owner Information |
| License # | 008612 | | | | | APPLESOFT HOMECARE SVC LLC |
| Lic Expire | 08/31/2019 | | | | | 1201 NORTH WATSON ROAD SUITE 200 |
| Medicare 1: | 679444 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 695-5893 | Fax | (817) 652-8881 | | | Services: |
| Type: | Parent Agency | Administrator | FUNMILAYO O AKINTADE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 10/19/2017 | Owner Information |
| License # | 018390 | | | | | ASSURED BEST CARE HOME HEALTH LLC |
| Lic Expire | 10/31/2019 | | | | | 2912 PITKIN DRIVE |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (682) 238-5150 | Fax | (682) 238-1449 | | | Services: |
| Type: | Parent Agency | Administrator | EGLA BROWN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/19/2013 | Owner Information |
| License # | 015492 | | | | | ATLAS PEDIATRIC THERAPY |
| Lic Expire | 04/30/2019 | | | | | 2702 BUTTERMILK DRIVE |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 203-2622 | Fax | (817) 704-4334 | | | Services: |
| Type: | Parent Agency | Administrator | JOSHUA DAVID ADAMS | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/29/2007 | Owner Information |
| License # | 011849 | | | | | AVAILABLE HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | 3630 W PIONEER PKWY SUITE 115 |
| Medicare 1: | 679589 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (817) 457-3200 | Fax | (817) 423-7716 | | | Services: |
| Type: | Parent Agency | Administrator | RENEE MCGHEE | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/31/2006 | Owner Information |
| License # | 010848 | | | | | AZZA HOME HEALTH CARE AGENCY |
| Lic Expire | 10/31/2018 | | | | | 6501 NICOLE WAY |
| Medicare 1: | 743126 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (817) 467-2910 | Fax | (866) 236-9040 | | | Services: |
| Type: | Parent Agency | Administrator | AGATHA OKOJIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/09/2009 | Owner Information |
| License # | 012435 | | | | | BAYLORE HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 6959 SEABREEZE DR |
| Medicare 1: | 747605 | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | |
| Phone | (972) 423-1511 | Fax | (972) 423-4644 | | | Services: |
| Type: | Parent Agency | Administrator | OLGA JANETH NUNEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/06/2016 | Owner Information |
| License # | 017669 | | | | | BEFIT HOME HEALTH SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | 928 GILLON DRIVE |
| Medicare 1: | | | | | | ARLINGTON, TX 76001 |
| Medicare 2: | | | | | | |
| Phone | (817) 718-8051 | Fax | (817) 375-1373 | | | Services: |
| Type: | Parent Agency | Administrator | FRANCIS ONYEADOR | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/11/2015 | Owner Information |
| License # | 016846 | | | | | BRIDGES CARE SERVICES OF ARLINGTON LLC |
| Lic Expire | 06/30/2019 | | | | | 780 THIRD AVE 21ST FLOOR |
| Medicare 1: | | | | | | NEW YORK, NY 10017 |
| Medicare 2: | | | | | | |
| Phone | (214) 288-9465 | Fax | (814) 419-9225 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA KNIGHT | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/10/2015 | Owner Information |
| License # | 012043 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (817) 457-9710 | Fax | (817) 492-4330 | | | Services: |
| Type: | Branch Agency | Administrator | TAMIKA NEWMAN | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 02/09/2015 | Owner Information |
| License # | 012043 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 226-0500 | Fax | (817) 861-0091 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TAMIKA NEWMAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/11/2013 | Owner Information |
| License # | 015360 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 111 WESTWOOD PLACE STE 400 |
| Medicare 1: | 671785 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 633-9125 | Fax | (817) 633-9130 | | | Hospice |
| Type: | Parent Agency | Administrator | JOSEPH FRED VUKSAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/23/2008 | Owner Information |
| License # | 011835 | | | | | CALVARY HILL HEALTH SERVICES LLC |
| Lic Expire | 01/31/2018 | | | | | 709 COLD CREEK DR |
| Medicare 1: | 747106 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 448-6567 | Fax | (682) 518-8124 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLUYEMISI BABAJIDE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/10/2009 | Owner Information |
| License # | 012995 | | | | | CAREPATH HEALTHCARE SYSTEM LLP |
| Lic Expire | 11/30/2019 | | | | | 720 WEST NATHAN LOWE RD SUITE 100 |
| Medicare 1: | 747441 | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | 741506 | | | | | Services: |
| Phone | (817) 375-5790 | Fax | (817) 375-5066 | | | Licensed and Certified Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | DANIEL N EZEUKWU | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/27/2010 | Owner Information |
| License # | 013583 | | | | | CARETRENDS INC |
| Lic Expire | 09/30/2018 | | | | | 1611 POWDER HORN LN |
| Medicare 1: | 747689 | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 466-6641 | Fax | (817) 472-4288 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAJA AKINTAYO | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/14/2009 | Owner Information |
| License # | 012896 | | | | | SLH HEALTH CORP |
| Lic Expire | 10/31/2019 | | | | | 4025 WOODLAND PARK BLVD SUITE 130 |
| Medicare 1: | 747434 | | | | | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 792-2030 | Fax | (817) 792-2031 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRENDA HARVEY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/16/2016 | Owner Information |
| License # | 017742 | | | | | CLASSIC HOSPICE LLC |
| Lic Expire | 11/30/2018 | | | | | 4025 WOODLAND PARK BLVD SUITE 130 |
| Medicare 1: | | | | | | ARLINGTON, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 792-2030 | Fax | (817) 792-2031 | | | Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | BRENDA HARVEY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/15/2012 | Owner Information |
| License # | 014813 | | | | | COMMUNITY CARE HEALTH AGENCY INC |
| Lic Expire | 02/28/2018 | | | | | 1600 E PIONEER PARKWAY SUITE 343 |
| Medicare 1: | 747245 | | | | | ARLINGTON, TX 76010 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 266-8511 | Fax | (972) 266-8522 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EVALYNE SUDOI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 12/29/2003 | Owner Information |
| License # | 008830 | | | | | CONCORD HOME HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 3602 MATLOCK ROAD SUITE 204 |
| Medicare 1: | 679486 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (817) 465-5001 | Fax | (817) 465-5002 | | | Services: |
| Type: | Parent Agency | Administrator | KOLA THORPE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/21/2010 | Owner Information |
| License # | 013473 | | | | | OLUFUNMILOLA BAKARE |
| Lic Expire | 07/31/2018 | | | | | 7805 CALGARY LANE |
| Medicare 1: | | | | | | ARLINGTON, TX 76001 |
| Medicare 2: | | | | | | |
| Phone | (817) 704-0027 | Fax | (817) 704-0027 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNMILOLA BAKARE | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/30/2015 | Owner Information |
| License # | 016784 | | | | | DIAMOND HEART HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 7700 CRESSWELL |
| Medicare 1: | | | | | | ARLINGTON, TX 76001 |
| Medicare 2: | | | | | | |
| Phone | (817) 881-3135 | Fax | (817) 719-4112 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGE EZIGBO | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 12/17/2014 | Owner Information |
| License # | 016570 | | | | | DIA-ZZZ-LY ADULT CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 4805 ARABIAN COURT |
| Medicare 1: | | | | | | ARLINGTON, TX 76101 |
| Medicare 2: | | | | | | |
| Phone | (817) 704-8018 | Fax | (817) 472-9044 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA KEPRTA | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/05/2006 | Owner Information |
| License # | 010923 | | | | | EL PASSION HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2019 | | | | | 7209 WIND ELM COURT |
| Medicare 1: | 743128 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (817) 992-3348 | Fax | (817) 538-5975 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH AJEIGBE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/14/2012 | Owner Information |
| License # | 015002 | | | | | ELITE NURSING HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 700 HIGHLANDER BLVD., SUITE 170 |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (682) 323-7213 | Fax | (682) 323-5966 | | | Services: |
| Type: | Parent Agency | Administrator | MELODY M WALLS | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/01/2017 | Owner Information |
| License # | 018428 | | | | | ENCOMPASS HOME HEATH OF DFW LLC |
| Lic Expire | 04/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 677830 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (817) 542-0217 | Fax | (817) 542-0254 | | | Services: |
| Type: | Parent Agency | Administrator | ERIC DENGLER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/24/2012 | Owner Information |
| License # | 013330 | | | | | EVEROSE HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 11200 WESTHEIMER RD SUITE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (817) 557-8252 | Fax | (817) 557-8255 | | | Services: |
| Type: | Branch Agency | Administrator | TED NGUYEN | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 07/10/2009 | Owner Information |
| License # | 012699 | | | | | EXCELLENT HOME HEALTH SERVICES |
| Lic Expire | 07/31/2019 | | | | | PO BOX 1122 |
| Medicare 1: | 747494 | | | | | ARLINGTON, TX 76004 |
| Medicare 2: | | | | | | |
| Phone | (817) 962-0290 | Fax | (817) 962-0292 | | | Services: |
| Type: | Parent Agency | Administrator | BEATRICE JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/16/2004 | Owner Information |
| License # | 009467 | | | | | FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC |
| Lic Expire | 12/31/2019 | | | | | 2401 AVENUE J SUITE 240 |
| Medicare 1: | 677863 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 652-4409 | Fax | (817) 652-4431 | | | Services: |
| Type: | Parent Agency | Administrator | FLORENCE OKOLIE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/10/2012 | Owner Information |
| License # | 015073 | | | | | FULFORD HOME HEALTH LLC |
| Lic Expire | 01/31/2018 | | | | | 4221 HIGHWAY 377 SOUTH |
| Medicare 1: | 679701 | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | |
| Phone | (817) 542-0077 | Fax | (817) 542-0099 | | | Services: |
| Type: | Parent Agency | Administrator | SYLVIA S. MUSASIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/20/2006 | Owner Information |
| License # | 010817 | | | | | GILEAD COMMUNITY HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | 730 GREENRIDGE DRIVE |
| Medicare 1: | 679722 | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (817) 801-7100 | Fax | (817) 801-7101 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL A ESEYIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/13/2014 | Owner Information |
| License # | 016038 | | | | | GLORIOUS HEALING HOME HEALTH CARE INC |
| Lic Expire | 02/29/2016 | | | | | 2625 MATLOCK ROAD SUITE#103 |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (817) 889-6560 | Fax | (817) 537-2830 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA WOODBERRY | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 09/07/2016 | Owner Information |
| License # | 017617 | | | | | JER CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 2000 EAST LAMAR BLVD STE 600 |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 303-2150 | Fax | (817) 462-4099 | | | Services: |
| Type: | Parent Agency | Administrator | ROSA BENGHTT | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/13/2015 | Owner Information |
| License # | 016601 | | | | | GREAT PROVIDER CAREGIVERS LLC |
| Lic Expire | 01/31/2019 | | | | | 2233 AVENUE J SUITE 107 |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 635-6088 | Fax | (817) 633-3976 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES L SANTIAGO | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/03/2009 | Owner Information |
| License # | 012642 | | | | | GUIDANCE HEALTHCARE SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 5005 SUMMER CREEK DRIVE |
| Medicare 1: | 747292 | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | |
| Phone | (817) 468-3697 | Fax | (817) 466-4161 | | | Services: |
| Type: | Parent Agency | Administrator | MAUREEN CHIDUME | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|--------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 03/24/2005 | <u>Owner Information</u> |
| License # | 009654 | | | | | HAPPY DAYS HOME HEALTH CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 905 W EMBERCREST DR |
| Medicare 1: | 677828 | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (817) 419-6500 | Fax | (817) 419-6501 | | | Services: |
| Type: | Parent Agency | Administrator | KEHINDE ADELANA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/14/1999 | <u>Owner Information</u> |
| License # | 007235 | | | | | HOME CARE IMAGE SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 790 |
| Medicare 1: | 459171 | | | | | MABANK, TX 75147 |
| Medicare 2: | | | | | | |
| Phone | (817) 695-5089 | Fax | (817) 695-5010 | | | Services: |
| Type: | Parent Agency | Administrator | LISA BLANKS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/15/2006 | <u>Owner Information</u> |
| License # | 010669 | | | | | HCR HEALTHCARE RESOURCES INC |
| Lic Expire | 03/31/2018 | | | | | 2225 E RANDOL MILL RD STE 400 |
| Medicare 1: | 457818 | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | |
| Phone | (817) 633-2273 | Fax | (817) 633-2274 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY COPELAND | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/28/1994 | <u>Owner Information</u> |
| License # | 002847 | | | | | HELPING RESTORE ABILITY |
| Lic Expire | 02/28/2018 | | | | | 4300 BELTWAY PLACE SUITE 130 |
| Medicare 1: | | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | |
| Phone | (817) 469-1977 | Fax | (817) 461-2334 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI NIEDERMAYER | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/24/2003 | <u>Owner Information</u> |
| License # | 008525 | | | | | HELPING RESTORE ABILITY |
| Lic Expire | 06/30/2018 | | | | | 4300 BELTWAY PLACE SUITE 130 |
| Medicare 1: | | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | |
| Phone | (817) 469-1977 | Fax | (817) 461-2334 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI TAYLOR NIEDERMAYER | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/08/2014 | <u>Owner Information</u> |
| License # | 016194 | | | | | HOSPICE CARE PARTNERS LLC |
| Lic Expire | 05/31/2018 | | | | | 2015 E LAMAR BLVD |
| Medicare 1: | 671504 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 203-2900 | Fax | (817) 203-2902 | | | Services: |
| Type: | Parent Agency | Administrator | ROBERT M WELEBA | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 02/20/2002 | <u>Owner Information</u> |
| License # | 007850 | | | | | BJK ENTERPRISES INC |
| Lic Expire | 02/28/2019 | | | | | 306 E RANDOL MILL RD #700 |
| Medicare 1: | 451720 | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | |
| Phone | (817) 461-2614 | Fax | (817) 860-1016 | | | Services: |
| Type: | Parent Agency | Administrator | BALINDA ANTOINE | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 08/04/2004 | <u>Owner Information</u> |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (817) 478-7600 | Fax | (817) 872-0615 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 02/20/2014 | Owner Information |
| License # | 016453 | | | | | HYGIA HEALTHCARE LLC |
| Lic Expire | 02/28/2018 | | | | | 4200 SW GREEN OAKS BLVD STE 140 |
| Medicare 1: | 747232 | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (817) 478-7600 | Fax | (817) 478-7606 | | | Services: |
| Type: | Parent Agency | Administrator | TONYA L REEVES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/13/2014 | Owner Information |
| License # | 016259 | | | | | ENESS INC |
| Lic Expire | 06/30/2018 | | | | | 8213 KENTWOOD DR |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76182 |
| Medicare 2: | | | | | | |
| Phone | (817) 484-0480 | Fax | (817) 484-0479 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY SMITH | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/07/2016 | Owner Information |
| License # | 017306 | | | | | INIOS HOME CARE INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 151041 |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (682) 365-1486 | Fax | (682) 252-4762 | | | Services: |
| Type: | Parent Agency | Administrator | EKPONOBONG EKPO | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018128 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 679013 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (817) 336-3257 | Fax | (817) 336-3267 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN TORTI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018139 | | | | | OMNICARE ASSOCIATES INC |
| Lic Expire | 04/30/2019 | | | | | 17480 DALLAS PKWY, STE 210 |
| Medicare 1: | 67Q7492001 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (817) 557-1350 | Fax | (817) 997-7463 | | | Services: |
| Type: | Branch Agency | Administrator | KAREN TORTI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/28/2009 | Owner Information |
| License # | 013168 | | | | | THCARE ACQUISITION LLC |
| Lic Expire | 12/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 453166 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (817) 469-8340 | Fax | (817) 469-8341 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN TORTI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/01/2007 | Owner Information |
| License # | 011270 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (817) 469-7455 | Fax | (817) 469-7477 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA FINNEY | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 09/12/2017 | Owner Information |
| License # | 018315 | | | | | JULIDAN ASSOCIATES LLC |
| Lic Expire | 09/30/2019 | | | | | 301 MATLOCK MEADOW DR |
| Medicare 1: | | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (682) 407-6668 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | DANIEL ARHEWOH | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | TARRANT | Region | 03 | Date Licensed | 03/01/2007 | Owner Information KM PROVIDER SERVICES INC 1201 NORTH WATSON ROAD SUITE 207 ARLINGTON, TX 76006 |
| License # | 011105 | | | | | |
| Lic Expire | 02/28/2018 | | | | | |
| Medicare 1: | 743193 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 419-6084 | Fax | (817) 652-3310 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHEREN NWAKANMA | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/25/2014 | Owner Information LAKEWOOD HEALTH CARE AGENCY INC 1918 SANTA ANNA DRIVE ARLINGTON, TX 76001 |
| License # | 016339 | | | | | |
| Lic Expire | 07/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 201-4503 | Fax | (682) 238-3180 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | YONAH KNUCKLES | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/15/2007 | Owner Information LAURENT HOME HEALTH AGENCY INC 1201 N WATSON RD SUITE 292 ARLINGTON, TX 76006 |
| License # | 011524 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 747367 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 633-0310 | Fax | (817) 472-9134 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MITZI WRIGHT | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/02/2006 | Owner Information LIPET HOME CARE INC 2008 E RANDOL MILL ROAD #115 ARLINGTON, TX 76011 |
| License # | 010363 | | | | | |
| Lic Expire | 01/31/2020 | | | | | |
| Medicare 1: | 679319 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 794-5959 | Fax | (817) 794-0999 | | | Services: Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PET ANAMEGE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2016 | Owner Information ABUNDANT HOSPICE SERVICES LLC 1201 N. WATSON ROAD SUITE 284 ARLINGTON, TX 76006 |
| License # | 017575 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 671668 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 633-8300 | Fax | (817) 633-8302 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | MARI-TONI C. SANTIAGO | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/13/2006 | Owner Information BRENTWOOD HOSPICE LLC 1250 EAST COPELAND ROAD, SUITE #260 ARLINGTON, TX 76011 |
| License # | 010526 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | 671563 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 275-6200 | Fax | (214) 624-6939 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | SHANNON POUNCEY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/08/2006 | Owner Information METRO TEX HEALTHCARE INC 604 WEST RANDOL MILL ROAD SUITE A ARLINGTON, TX 76011 |
| License # | 010518 | | | | | |
| Lic Expire | 06/30/2019 | | | | | |
| Medicare 1: | 743145 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 299-9490 | Fax | (877) 277-8044 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAADATU IYAMAH | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/22/2014 | Owner Information MIDAS HEALTHCARE SERVICES INC 4121 MARVIN D LOVE FRWY BLD 200 STE 2010 DALLAS, TX 75224 |
| License # | 016957 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | 743160 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 784-9454 | Fax | (817) 467-7055 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAZEEM OYEWALE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 02/24/2015 | Owner Information |
| License # | 016786 | | | | | ALL- AGES HOME HEALTH CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 1201 N WATSON RD., STE 154 |
| Medicare 1: | 747578 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (214) 785-2491 | Fax | (214) 785-2492 | | | Services: |
| Type: | Parent Agency | Administrator | MAJUJI FRANCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/01/2006 | Owner Information |
| License # | 010886 | | | | | MORNING STAR QUALITY HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 3939 US HIGHWAY 80 SUITE 375 |
| Medicare 1: | 677804 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (214) 388-2300 | Fax | (214) 275-6499 | | | Services: |
| Type: | Parent Agency | Administrator | SANDY BAKER | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/11/2008 | Owner Information |
| License # | 011813 | | | | | MORNINGSTAR DFW HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 7203 PORT PHILLIP DRIVE |
| Medicare 1: | 747270 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (817) 419-9484 | Fax | (817) 419-9802 | | | Services: |
| Type: | Parent Agency | Administrator | CAROL OWEH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 09/15/2015 | Owner Information |
| License # | 017104 | | | | | NOAH'S ARK HOME HEALTHCARE INC. |
| Lic Expire | 09/30/2019 | | | | | 1201 N WATSON ROAD SUITE #297A |
| Medicare 1: | 747620 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 809-4880 | Fax | (817) 393-4910 | | | Services: |
| Type: | Parent Agency | Administrator | JUDITH ABEGLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/29/2011 | Owner Information |
| License # | 013986 | | | | | DALLAS HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 624 MATLOCK CENTRE CIRCLE SUITE B |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | |
| Phone | (817) 966-6570 | Fax | (817) 277-1208 | | | Services: |
| Type: | Parent Agency | Administrator | ANDY PHAM | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/12/2008 | Owner Information |
| License # | 012351 | | | | | PROMPTIME HOME HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 2215 CROMWELL DRIVE |
| Medicare 1: | 747387 | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | |
| Phone | (817) 557-4111 | Fax | (817) 466-2685 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL IKECHUKWU ASADU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/22/2004 | Owner Information |
| License # | 009477 | | | | | PRUDENTIAL HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 7011 LAKE ROBERTS WAY |
| Medicare 1: | 457926 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (817) 608-0455 | Fax | (817) 608-0644 | | | Services: |
| Type: | Parent Agency | Administrator | THOMPSON OHONBA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/12/2008 | Owner Information |
| License # | 012154 | | | | | REDICARE HOME HEALTH SERVICES INCORPORATED |
| Lic Expire | 08/31/2019 | | | | | 5808 COLDSWORTH CT |
| Medicare 1: | 747510 | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | |
| Phone | (817) 467-3500 | Fax | (817) 467-6133 | | | Services: |
| Type: | Parent Agency | Administrator | PETER-CLAVER CLASSO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 01/29/2003 | Owner Information |
| License # | 008308 | | | | | KINETICARE REHAB SERVICES PC |
| Lic Expire | 01/31/2019 | | | | | 2301 W LAMAR BLVD |
| Medicare 1: | 679281 | | | | | ARLINGTON, TX 76012 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 469-9756 | Fax | (817) 469-9758 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | RENE CUEVAS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/08/2006 | Owner Information |
| License # | 010724 | | | | | ROPHEKA HOMEHEALTH AGENCY INC |
| Lic Expire | 09/30/2018 | | | | | 1507 LOVELAND DRIVE |
| Medicare 1: | 679783 | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 466-9751 | Fax | (817) 466-4525 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MERCY NKERBU | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/30/1996 | Owner Information |
| License # | 004927 | | | | | ROSAS FIRST QUALITY HOME HEALTHCARE LLC |
| Lic Expire | 09/30/2019 | | | | | 306 EAST RANDOL MILL ROAD SUITE 100 |
| Medicare 1: | 459196 | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 461-0154 | Fax | (817) 275-9792 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BALINDA J ANTOINE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/01/2016 | Owner Information |
| License # | 017296 | | | | | SATORI IN HOME CARE |
| Lic Expire | 02/28/2018 | | | | | 2305 ST CLAIRE DR |
| Medicare 1: | | | | | | ARLINGTON, TX 76012 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 224-2281 | Fax | (469) 547-0820 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JEREMY TOMSIC | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/27/2006 | Owner Information |
| License # | 010897 | | | | | SCOF HEALTHCARE PROVIDERS |
| Lic Expire | 11/30/2019 | | | | | 360 PLACE 1201 N WATSON RD SUITE 268 |
| Medicare 1: | 743100 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 459-1220 | Fax | (817) 459-1224 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OSAS EREGIE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/26/2007 | Owner Information |
| License # | 011293 | | | | | TYNET HEALTHCARE INC |
| Lic Expire | 04/30/2018 | | | | | 6720 BARRED OWL RD |
| Medicare 1: | 747210 | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 385-8888 | Fax | (877) 504-7060 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LORI BLANEY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/20/2017 | Owner Information |
| License # | 018149 | | | | | SERENE MEADOWS HOSPICE, LLC |
| Lic Expire | 04/30/2019 | | | | | 1201 NORTH WATSON ROAD SUITE #278 |
| Medicare 1: | 741593 | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 754-1911 | Fax | (817) 754-1910 | | | Hospice |
| Type: | Parent Agency | Administrator | LATRINA FLETCHER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/06/2011 | Owner Information |
| License # | 014323 | | | | | SILVERLINE HOME HEALTH AGENCY INC |
| Lic Expire | 09/30/2019 | | | | | 1050 BONANZA DR |
| Medicare 1: | 747793 | | | | | ARLINGTON, TX 76001 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 518-1050 | Fax | (682) 518-7250 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IHUOMA PAUL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 08/12/2013 | Owner Information ST JUDE'S CARE SERVICES, INC. 2402 AUTUMN OAKS TRL ARLINGTON, TX 76006 |
| License # | 015947 | | | | | |
| Lic Expire | 08/31/2019 | | | | | |
| Medicare 1: | 743185 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 385-4793 | Fax | (817) 385-4761 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BERNADINE UDEOZOH | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/16/2015 | Owner Information USA DFW ST MARTIN DE PORRES HOME CARE CORP ST MARTIN PHUC VU 205 E ARKANSAS LN STE 119 ARLINGTON, TX 76010 |
| License # | 016744 | | | | | |
| Lic Expire | 04/30/2019 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 501-7727 | Fax | (817) 459-3314 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AGNES STURGEON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/05/1996 | Owner Information TENDER HEART HOME HEALTH LLC 3210 W PARK ROW DR ARLINGTON, TX 76013 |
| License # | 005005 | | | | | |
| Lic Expire | 11/30/2019 | | | | | |
| Medicare 1: | 459213 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 265-0066 | Fax | (817) 265-0089 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KOFO SERIKI | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/06/2004 | Owner Information TENDER HEART HOSPICE CARE LLC 3210 W PARK ROW DR ARLINGTON, TX 76013 |
| License # | 009440 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | 451797 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 265-0066 | Fax | (817) 265-0089 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | KOFO SERIKI | | | |
| County | TARRANT | Region | 03 | Date Licensed | 05/12/2016 | Owner Information TOUCH OF COMPASSION HOSPICE LLC 615 W MAIN ST STE 314 ARLINGTON, TX 76010 |
| License # | 017400 | | | | | |
| Lic Expire | 05/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 200-7740 | Fax | (817) 768-3980 | | | Services: Hospice |
| Type: | Parent Agency | Administrator | KYLA A BENJAMIN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/12/2007 | Owner Information GLOWTORCH ENTERPRISES INC P O BOX 172992 ARLINGTON, TX 76003 |
| License # | 011615 | | | | | |
| Lic Expire | 06/30/2018 | | | | | |
| Medicare 1: | 677810 | | | | | |
| Medicare 2: | | | | | | |
| Phone | (817) 303-4441 | Fax | (917) 303-4424 | | | Services: Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VERONICA ANENE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/05/2014 | Owner Information TRUCARE PERSONAL CARE SERVICES LLC 3917 PYRACANTHA DR ARLINGTON, TX 76017 |
| License # | 016513 | | | | | |
| Lic Expire | 11/30/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (682) 276-1715 | Fax | (844) 273-5390 | | | Services: Personal Assistance Services |
| Type: | Parent Agency | Administrator | TANGULON GARDNER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/22/2010 | Owner Information TRUECARE DFW INC 1816 JOCYLE ST ARLINGTON, TX 76010 |
| License # | 013788 | | | | | |
| Lic Expire | 12/31/2018 | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (214) 621-0731 | Fax | (817) 299-0630 | | | Services: Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELAINE NGUYEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 05/26/2009 | Owner Information |
| License # | 012622 | | | | | UNICORN HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 2001 ST JOSEPH WAY |
| Medicare 1: | | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (214) 893-2800 | Fax | (817) 468-8483 | | | Services: |
| Type: | Parent Agency | Administrator | MOSES A OJO | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/16/2016 | Owner Information |
| License # | 017574 | | | | | UNITED HOME HEALTHCARE LLC |
| Lic Expire | 05/31/2018 | | | | | 6401 SEAFORD RD |
| Medicare 1: | 677842 | | | | | ARLINGTON, TX 76001 |
| Medicare 2: | | | | | | |
| Phone | (817) 659-2225 | Fax | (817) 659-2223 | | | Services: |
| Type: | Parent Agency | Administrator | NICOLE TRINH | | | Licensed and Certified Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/13/2017 | Owner Information |
| License # | 018163 | | | | | UT HOME HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | 1111 111TH STREET |
| Medicare 1: | 679597 | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | |
| Phone | (832) 868-2764 | Fax | (817) 663-1250 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD ONWUDEBE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/14/2014 | Owner Information |
| License # | 016080 | | | | | VENUS HEALTHCARE INCORPORATED |
| Lic Expire | 03/31/2018 | | | | | 7503 GENESEO LANE |
| Medicare 1: | | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | |
| Phone | (817) 500-3839 | Fax | (817) 466-7273 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL ASADU | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/20/2016 | Owner Information |
| License # | 017687 | | | | | VERTEX HOME CARE SOLUTIONS LLC |
| Lic Expire | 10/31/2018 | | | | | 5013 SUNWOOD CIR |
| Medicare 1: | | | | | | FORT WORTH, TX 76123 |
| Medicare 2: | | | | | | |
| Phone | (817) 298-9956 | Fax | (817) 549-3392 | | | Services: |
| Type: | Parent Agency | Administrator | OMOKHOBHO WILLIAM UGEGE | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 09/22/2016 | Owner Information |
| License # | 017645 | | | | | VIETCARE HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 2015 W SANFORD ST |
| Medicare 1: | | | | | | ARLINGTON, TX 76012 |
| Medicare 2: | | | | | | |
| Phone | (817) 617-8100 | Fax | (817) 299-8890 | | | Services: |
| Type: | Parent Agency | Administrator | TOMMY VAN KHONG | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/18/2007 | Owner Information |
| License # | 011402 | | | | | SENIOR ADVANTAGE HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 1601 E LAMAR BLVD STE 109 |
| Medicare 1: | | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | |
| Phone | (817) 795-6316 | Fax | (817) 795-6318 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE AMENDOLA | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/04/2013 | Owner Information |
| License # | 015797 | | | | | VIETWELL CORP |
| Lic Expire | 10/31/2019 | | | | | 124 W PIONEER PKWY SUITE #130 |
| Medicare 1: | | | | | | ARLINGTON, TX 76010 |
| Medicare 2: | | | | | | |
| Phone | (817) 299-8888 | Fax | (817) 288-0899 | | | Services: |
| Type: | Parent Agency | Administrator | TOMMY KHONG | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2004 | <u>Owner Information</u> |
| License # | 009253 | | | | | WILCARE DALLAS INC |
| Lic Expire | 06/30/2018 | | | | | 624 MATLOCK CENTRE CIRCLE, SUITE A |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 277-0210 | Fax | (817) 277-1208 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDY HAI PHAM | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/10/2011 | <u>Owner Information</u> |
| License # | 014466 | | | | | ADVANCED ACTION THERAPY SERVICES INC |
| Lic Expire | 11/30/2019 | | | | | 7904 NE LOOP 820 STE C |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 595-2955 | Fax | (817) 595-5764 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | TONI VANNOY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/29/2014 | <u>Owner Information</u> |
| License # | 016174 | | | | | ALON HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 2921 BROWN TRAIL SUITE 261 |
| Medicare 1: | | | | | | BEDFORD, TX 76012 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 896-2372 | Fax | (817) 770-4249 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OGBONNA ANYAIKE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/16/2014 | <u>Owner Information</u> |
| License # | 016153 | | | | | SOLA SENIOR CARE INC |
| Lic Expire | 04/30/2018 | | | | | 4500 MERCANTILE PLAZA DRIVE SUITE 300 |
| Medicare 1: | | | | | | FORT WORTH, TX 76137 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 755-8787 | Fax | (817) 756-1109 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JASON LOGAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/21/2016 | <u>Owner Information</u> |
| License # | 012043 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 721-1500 | Fax | (972) 438-4074 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TAMIKA NEWMAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/20/2008 | <u>Owner Information</u> |
| License # | 012189 | | | | | HALLMARK HEALTHCARE LLC |
| Lic Expire | 08/31/2018 | | | | | 430 BUCKINGHAM RD # 1922 |
| Medicare 1: | 747211 | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 553-1900 | Fax | (817) 553-1902 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMMANUEL ETUOKWU | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/27/2014 | <u>Owner Information</u> |
| License # | 016498 | | | | | ROLLING MEADOWS HOSPICE LLC |
| Lic Expire | 06/30/2018 | | | | | 10340 ALTA VISTA ROAD BLD 1 UNIT C |
| Medicare 1: | 671780 | | | | | FORT WORTH, TX 76244 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 402-9300 | Fax | (972) 402-9303 | | | Hospice |
| Type: | Parent Agency | Administrator | MEESHA DUMAS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/18/2017 | <u>Owner Information</u> |
| License # | 018258 | | | | | MERCY HOME CARE AGENCY LLC |
| Lic Expire | 08/31/2019 | | | | | 4779 ASPEN DR |
| Medicare 1: | | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 948-3441 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KOPILA GOPALI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 11/02/2017 | Owner Information |
| License # | 018513 | | | | | NEW HOPE HOSPICE CARE INC |
| Lic Expire | 11/30/2019 | | | | | 2208 N. HIGHWAY 121 SUITE 180 |
| Medicare 1: | 671606 | | | | | BEDFORD, TX 76021 |
| Medicare 2: | | | | | | |
| Phone | (972) 274-6922 | Fax | (972) 274-6932 | | | Services: |
| Type: | Parent Agency | Administrator | PAULA KING | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 08/15/2008 | Owner Information |
| License # | 012168 | | | | | ERIC POWELL & ASSOCIATES PLLC |
| Lic Expire | 08/31/2019 | | | | | 801 LITTLE CUB WAY |
| Medicare 1: | | | | | | EULESS, TX 76039 |
| Medicare 2: | | | | | | |
| Phone | (817) 508-0030 | Fax | (877) 267-4771 | | | Services: |
| Type: | Parent Agency | Administrator | JASON ERIC POWELL | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/22/2008 | Owner Information |
| License # | 011831 | | | | | RESTORATIVE CARE HOME HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 221 BEDFORD ROAD SUITE 208 |
| Medicare 1: | 747132 | | | | | BEDFORD, TX 76022 |
| Medicare 2: | | | | | | |
| Phone | (817) 285-8515 | Fax | (817) 285-8869 | | | Services: |
| Type: | Parent Agency | Administrator | ALICE K JOHNSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/13/2011 | Owner Information |
| License # | 013829 | | | | | SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC |
| Lic Expire | 01/31/2019 | | | | | 404 RACQUET CLUB |
| Medicare 1: | | | | | | BEDFORD, TX 76022 |
| Medicare 2: | | | | | | |
| Phone | (682) 738-3056 | Fax | (682) 738-3272 | | | Services: |
| Type: | Parent Agency | Administrator | BETTS HOOVER | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 11/04/2016 | Owner Information |
| License # | 017873 | | | | | STEWART HOME HEALTHCARE INC. |
| Lic Expire | 11/30/2018 | | | | | 1220 BROWN TRAIL SUITE #B |
| Medicare 1: | 747587 | | | | | BEDFORD, TX 76022 |
| Medicare 2: | | | | | | |
| Phone | (817) 545-7878 | Fax | (469) 675-6507 | | | Services: |
| Type: | Parent Agency | Administrator | ROSAMMA GEORGE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/09/2018 | Owner Information |
| License # | 018607 | | | | | AEGIS HOME HEALTH INC |
| Lic Expire | 02/29/2020 | | | | | 1221 ARISTA LANE |
| Medicare 1: | 457937 | | | | | ROCKWALL, TX 75032 |
| Medicare 2: | | | | | | |
| Phone | (817) 283-2100 | Fax | (817) 283-2150 | | | Services: |
| Type: | Parent Agency | Administrator | LORI KARI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/01/2014 | Owner Information |
| License # | 016245 | | | | | SUNRISE HOME HEALTH SERVICES OF AMERICA INC |
| Lic Expire | 02/28/2018 | | | | | 3200 BROADWAY SUITE 260 |
| Medicare 1: | 459463 | | | | | GARLAND, TX 75043 |
| Medicare 2: | | | | | | |
| Phone | (817) 283-2100 | Fax | (817) 283-2150 | | | Services: |
| Type: | Parent Agency | Administrator | LORI KARI | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2011 | <u>Owner Information</u> |
| License # | 014742 | | | | | ABBI HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 6453 SOUTHWEST BLVD |
| Medicare 1: | 673171 | | | | | FORT WORTH, TX 76132 |
| Medicare 2: | | | | | | |
| Phone | (817) 377-0889 | Fax | (817) 377-0890 | | | Services: |
| Type: | Parent Agency | Administrator | MARC MEDDERS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 03/14/2014 | <u>Owner Information</u> |
| License # | 016082 | | | | | HARBOR HOSPICE OF ARLINGTON LP |
| Lic Expire | 03/31/2018 | | | | | PO BOX 12686 |
| Medicare 1: | | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (972) 296-0820 | Fax | (972) 296-0918 | | | Services: |
| Type: | Parent Agency | Administrator | KERRI BERRY | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 10/03/2012 | <u>Owner Information</u> |
| License # | 015108 | | | | | HARBOR HOSPICE OF FORT WORTH LP |
| Lic Expire | 10/31/2018 | | | | | P O BOX 12686 |
| Medicare 1: | 74 1516 | | | | | BEAUMONT, TX 77726 |
| Medicare 2: | | | | | | |
| Phone | (817) 237-2255 | Fax | (817) 237-2355 | | | Services: |
| Type: | Parent Agency | Administrator | KERRI BERRY | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 11/16/2012 | <u>Owner Information</u> |
| License # | 015209 | | | | | HARBOR HOSPICE OF WEST DALLAS-FORT WORTH, LP |
| Lic Expire | 11/30/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741574 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (817) 237-2255 | Fax | (817) 237-2355 | | | Services: |
| Type: | Parent Agency | Administrator | KERRI BERRY | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 01/07/2013 | <u>Owner Information</u> |
| License # | 015436 | | | | | VAN DYCK HOME CARE ENTERPRISES LLC |
| Lic Expire | 01/31/2019 | | | | | 4647 YUCCA FLATS TRAIL |
| Medicare 1: | 679009 | | | | | FORT WORTH, TX 76108 |
| Medicare 2: | | | | | | |
| Phone | (817) 249-6800 | Fax | (817) 249-6802 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH A VAN DYCK | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/28/2017 | <u>Owner Information</u> |
| License # | 017935 | | | | | TEXAS PREMIUM HOME CARE CORP |
| Lic Expire | 02/28/2019 | | | | | 2705 SUMMERTREE LANE |
| Medicare 1: | | | | | | COLLEYVILLE, TX 76034 |
| Medicare 2: | | | | | | |
| Phone | (817) 349-7599 | Fax | (817) 428-6000 | | | Services: |
| Type: | Parent Agency | Administrator | GENE H. PARKS | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/29/2011 | <u>Owner Information</u> |
| License # | 013987 | | | | | RADIANT CARE HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 7137 COLLEYVILLE BLVD STE 102 |
| Medicare 1: | 671727 | | | | | COLLEYVILLE, TX 76034 |
| Medicare 2: | | | | | | |
| Phone | (817) 421-4400 | Fax | (817) 416-1451 | | | Services: |
| Type: | Parent Agency | Administrator | VIVIAN POBLETE | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 02/10/2015 | <u>Owner Information</u> |
| License # | 016641 | | | | | ST AGATHA CARE GIVERS INC |
| Lic Expire | 02/28/2019 | | | | | 6729 SAPPHIRE CIRCLE N |
| Medicare 1: | | | | | | COLLEYVILLE, TX 76034 |
| Medicare 2: | | | | | | |
| Phone | (817) 424-2902 | Fax | (817) 251-1963 | | | Services: |
| Type: | Parent Agency | Administrator | ANTHONIA N AGBOJE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|---|
| County | TARRANT | Region | 03 | Date Licensed | 12/23/2015 | Owner Information |
| License # | 012995 | | | | | CAREPATH HOME HEALTHCARE SYSTEM LLP |
| Lic Expire | 11/30/2019 | | | | | 720 WEST NATHAN LOWE RD SUITE 100 |
| Medicare 1: | | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (972) 925-0618 | Fax | (972) 925-0307 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DANIEL N EZEUKWU | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 06/04/2010 | Owner Information |
| License # | 013377 | | | | | ALLIED TENDER CARE HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 901 CLINIC DRIVE, SUITE A107 |
| Medicare 1: | 747703 | | | | | EULESS, TX 76039 |
| Medicare 2: | | | | | | |
| Phone | (817) 684-7778 | Fax | (817) 684-1111 | | | Services: |
| Type: | Parent Agency | Administrator | SUNNY MBAH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/31/2017 | Owner Information |
| License # | 018081 | | | | | ALPHA TRINITY COMMUNITY CARE |
| Lic Expire | 05/31/2019 | | | | | 610 S INDUSTRIAL BLVD SUITE 130 |
| Medicare 1: | | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | |
| Phone | (817) 858-9889 | Fax | (817) 358-9956 | | | Services: |
| Type: | Parent Agency | Administrator | IVERT TAMBE | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/13/2011 | Owner Information |
| License # | 014153 | | | | | VAGILANT HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2019 | | | | | 805 CRISSY CREEK LANE |
| Medicare 1: | 747819 | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | |
| Phone | (214) 462-7233 | Fax | (214) 300-9086 | | | Services: |
| Type: | Parent Agency | Administrator | ESTHER PAUL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/19/2012 | Owner Information |
| License # | 015279 | | | | | DAWN MECOM, INC |
| Lic Expire | 12/31/2018 | | | | | 6604 BAKER CT. |
| Medicare 1: | | | | | | COLLEYVILLE, TX 76034 |
| Medicare 2: | | | | | | |
| Phone | (817) 349-6558 | Fax | (817) 380-5771 | | | Services: |
| Type: | Parent Agency | Administrator | DAWN R BRANSKY | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/20/2014 | Owner Information |
| License # | 016291 | | | | | SHREENIDHI GROUP LLC |
| Lic Expire | 01/31/2020 | | | | | 4525 RED BARN |
| Medicare 1: | | | | | | RICHARDSON, TX 76040 |
| Medicare 2: | | | | | | |
| Phone | (817) 282-0828 | Fax | (817) 282-3060 | | | Services: |
| Type: | Parent Agency | Administrator | ASHVIN AMIN | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/11/1995 | Owner Information |
| License # | 004165 | | | | | C & L ESPERANZA HOME HEALTH INC |
| Lic Expire | 12/31/2019 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 678229 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | 451772 | | | | | |
| Phone | (817) 640-0646 | Fax | (817) 640-7174 | | | Services: |
| Type: | Parent Agency | Administrator | KATHRYN BOLTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 03/07/2007 | Owner Information |
| License # | 004165 | | | | | C & L ESPERANZA HOME HEALTH INC |
| Lic Expire | 12/31/2019 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 67Q8229003 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | | | | | | |
| Phone | (817) 640-0646 | Fax | (817) 640-7174 | | | Services: |
| Type: | Branch Agency | Administrator | KATHRYN BOLTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 09/11/2002 | Owner Information |
| License # | 004165 | | | | | C & L ESPERANZA HOME HEALTH INC |
| Lic Expire | 12/31/2019 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 67Q8229002 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 640-0646 | Fax | (817) 640-7174 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KATHRYN BOLTON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/13/2003 | Owner Information |
| License # | 006875 | | | | | NOVEL HEALTHCARE SERVICES INC |
| Lic Expire | 02/29/2020 | | | | | 7920 BELTLINE RD SUITE 255 |
| Medicare 1: | 45Q9465001 | | | | | DALLAS, TX 75254 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 858-9889 | Fax | (817) 358-9956 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | IVERT TAMBE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/19/2005 | Owner Information |
| License # | 009708 | | | | | NOVUS CURA HEALTHCARE PC |
| Lic Expire | 04/30/2019 | | | | | 1102 CHESAPEAKE STREET |
| Medicare 1: | 677800 | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 966-7035 | Fax | (817) 354-4730 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SYRIAC S THOTTATHIL | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/01/2001 | Owner Information |
| License # | 007581 | | | | | PROFESSIONAL HOME HEALTH CARE INC |
| Lic Expire | 12/31/2019 | | | | | 345 WESTPARK WAY SUITE 101 |
| Medicare 1: | 459470 | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 268-0010 | Fax | (817) 268-0722 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CONSOLATA A BRYANT | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/18/2004 | Owner Information |
| License # | 008914 | | | | | DIVINE HOSPICE INC |
| Lic Expire | 02/28/2019 | | | | | 345 WESTPARK WAY SUITE 101 |
| Medicare 1: | 451764 | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 268-1946 | Fax | (817) 268-0209 | | | Hospice |
| Type: | Parent Agency | Administrator | CONSOLATA BRYANT | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/29/2010 | Owner Information |
| License # | 013198 | | | | | CHINNAM GROUP INC |
| Lic Expire | 03/31/2018 | | | | | 1010 W EULESS BLVD STE 250 |
| Medicare 1: | | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 545-3538 | Fax | (817) 358-3906 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPHINE IBEH | | | |
| County | TARRANT | Region | 03 | Date Licensed | 05/26/2009 | Owner Information |
| License # | 012623 | | | | | LORLYN INC |
| Lic Expire | 05/31/2019 | | | | | 4215 W PIPELINE ROAD |
| Medicare 1: | | | | | | EULESS, TX 76040 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 282-3295 | Fax | (817) 282-3289 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LORRI PRATT | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/20/2010 | Owner Information |
| License # | 013536 | | | | | SPLENDOR CARE HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 2467 HARBOUR DRIVE |
| Medicare 1: | 747597 | | | | | GRANDE PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 675-8088 | Fax | (817) 479-9827 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SYLVESTER IYAMAH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 11/30/1995 | <u>Owner Information</u> |
| License # | 004131 | | | | | VOLUNTEERS OF AMERICA TEXAS INC |
| Lic Expire | 11/30/2019 | | | | | 1424 HEMPHILL STREET |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 529-7359 | Fax | (817) 571-7527 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ERICA SMITH | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/01/2015 | <u>Owner Information</u> |
| License # | 016794 | | | | | MIRA VISTA ENTERPRISE INC |
| Lic Expire | 02/28/2019 | | | | | 12500 BELLA VINO DR |
| Medicare 1: | | | | | | FORT WORTH, TX 76126 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 731-4444 | Fax | (817) 763-0771 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NORLIE FLORES | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/05/2007 | <u>Owner Information</u> |
| License # | 011459 | | | | | SUMMY HEALTHLINK CORPORATION |
| Lic Expire | 07/31/2018 | | | | | 6112 MCCART AVENUE #207 |
| Medicare 1: | 747094 | | | | | FORT WORTH, TX 76123 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 230-3847 | Fax | (817) 294-0338 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABBEY SUNMONU | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/29/2013 | <u>Owner Information</u> |
| License # | 015839 | | | | | ACCOMMODATING HEALTHCARE SERVICES, LLC |
| Lic Expire | 10/31/2019 | | | | | 2706A SE LOOP 820 |
| Medicare 1: | | | | | | FORT WORTH, TX 76140 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 339-6733 | Fax | (866) 277-7703 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CALANDRA ROLLINS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/08/2017 | <u>Owner Information</u> |
| License # | 018497 | | | | | ACCURATE HEALTHCARE INC |
| Lic Expire | 12/31/2019 | | | | | 9012 FRIENDSWOOD DRIVE |
| Medicare 1: | | | | | | FORTH WORTH, TX 76123 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 697-9800 | Fax | (682) 316-3656 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JAMES GITAU | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/19/1996 | <u>Owner Information</u> |
| License # | 004346 | | | | | AGAPE HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 8509 WESTERN HILLS BLVD. SUITE 200 |
| Medicare 1: | | | | | | FORT WORTH, TX 76108 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 336-4663 | Fax | (817) 336-5267 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELE ORSHAL | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/03/2007 | <u>Owner Information</u> |
| License # | 011220 | | | | | AMERICAN OUTCOMES MANAGEMENT INC OF NEW YORK |
| Lic Expire | 04/30/2019 | | | | | 6310 SOUTHWEST BLVD SUITE 204 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 263-4700 | Fax | (817) 263-1116 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CYNTHIA DONALDSON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/21/2017 | <u>Owner Information</u> |
| License # | 018184 | | | | | CLARISSIA JONES |
| Lic Expire | 07/31/2019 | | | | | 1846 E. ROSEMEADE PKWY #390 |
| Medicare 1: | | | | | | CARROLLTON, TX 75007 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 622-8400 | Fax | (682) 238-0735 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CLARISSIA JONES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 03/01/2011 | Owner Information |
| License # | 013928 | | | | | JPF GROUP INC |
| Lic Expire | 02/28/2019 | | | | | 7901 BLACK HILLS LANE |
| Medicare 1: | 747746 | | | | | FORT WORTH, TX 76137 |
| Medicare 2: | | | | | | |
| Phone | (817) 498-5854 | Fax | (817) 479-8033 | | | Services: |
| Type: | Parent Agency | Administrator | JOSELITO P FELIPE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/03/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | |
| Phone | (817) 810-0660 | Fax | (817) 810-0949 | | | Services: |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/02/2015 | Owner Information |
| License # | 016699 | | | | | HOSPICE HOLDINGS DFW LLC |
| Lic Expire | 01/31/2019 | | | | | 360 HAMILTON AVENUE SUITE 1110 |
| Medicare 1: | 451700 | | | | | WHITE PLAINS, NY 10601 |
| Medicare 2: | | | | | | |
| Phone | (817) 570-7190 | Fax | (732) 384-2311 | | | Services: |
| Type: | Parent Agency | Administrator | GILBERT GUTIERREZ | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 11/26/2002 | Owner Information |
| License # | 008224 | | | | | ASSISTED SERVICES INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 12209 |
| Medicare 1: | | | | | | FORT WORTH, TX 76110 |
| Medicare 2: | | | | | | |
| Phone | (817) 429-8476 | Fax | (817) 927-0228 | | | Services: |
| Type: | Parent Agency | Administrator | SUE WALLACE | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 11/19/2013 | Owner Information |
| License # | 015871 | | | | | ALERT HOME CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 8851 CAMP BOWIE WEST SUITE 110 |
| Medicare 1: | | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | |
| Phone | (817) 803-3777 | Fax | (817) 803-3779 | | | Services: |
| Type: | Parent Agency | Administrator | KIM JAY BEVERIDGE | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/01/2012 | Owner Information |
| License # | 012525 | | | | | HELPING HANDS HOMECARE LTD |
| Lic Expire | 03/31/2019 | | | | | 9846 HIGHWAY 31 EAST |
| Medicare 1: | | | | | | TYLER, TX 75705 |
| Medicare 2: | | | | | | |
| Phone | (817) 810-0411 | Fax | (817) 810-0240 | | | Services: |
| Type: | Branch Agency | Administrator | JENNIFER HUFFMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/25/2011 | Owner Information |
| License # | 013919 | | | | | PALLIATIVE PERFORMANCE GROUP LLC |
| Lic Expire | 02/28/2019 | | | | | 2529 E LANCASTER STE C |
| Medicare 1: | 671718 | | | | | FORT WORTH, TX 76013 |
| Medicare 2: | | | | | | |
| Phone | (817) 907-6714 | Fax | (817) 529-5031 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA ROBERTS HARRIS | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 10/16/2015 | Owner Information |
| License # | 017083 | | | | | BEST SUNSHINE HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 9112 WINDSWEEP DR. #1712 |
| Medicare 1: | | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | |
| Phone | (682) 582-5969 | Fax | (425) 606-5398 | | | Services: |
| Type: | Parent Agency | Administrator | CELESTIN KAGORORA | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 01/27/2012 | <u>Owner Information</u> |
| License # | 014989 | | | | | BRIDGEWAY HEALTH SERVICES INC |
| Lic Expire | 01/31/2020 | | | | | 3880 HULEN SUITE #670 |
| Medicare 1: | 458178 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (817) 332-0400 | Fax | (817) 332-0411 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH ELLIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/10/2015 | <u>Owner Information</u> |
| License # | 012043 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (817) 735-0033 | Fax | (817) 738-8642 | | | Services: |
| Type: | Branch Agency | Administrator | TAMIKA NEWMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/02/2008 | <u>Owner Information</u> |
| License # | 012043 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (817) 294-2280 | Fax | (817) 294-3222 | | | Services: |
| Type: | Parent Agency | Administrator | TAMIKA NEWMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/25/2016 | <u>Owner Information</u> |
| License # | 017368 | | | | | BSN HOME HEALTH CARE INC. |
| Lic Expire | 02/28/2018 | | | | | 344 SW WILSHIRE BLVD. STE #I-109 |
| Medicare 1: | | | | | | BURLESON, TX 76028 |
| Medicare 2: | | | | | | |
| Phone | (817) 710-6119 | Fax | (817) 977-6756 | | | Services: |
| Type: | Parent Agency | Administrator | DELORA ZYLPHA PINOTE | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/20/1994 | <u>Owner Information</u> |
| License # | 002934 | | | | | CARDIOVASCULAR HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 2501 PARKVIEW DRIVE STE 426 |
| Medicare 1: | 458125 | | | | | FORT WORTH, TX 76102 |
| Medicare 2: | | | | | | |
| Phone | (817) 847-8888 | Fax | (817) 847-1884 | | | Services: |
| Type: | Parent Agency | Administrator | BRIDGETTE CAMPBELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | CHAMPION CAREGIVERS |
| Lic Expire | | | | | | 101 SUMMIT AVENUE SUITE 403 |
| Medicare 1: | | | | | | FORT WORTH, TX 76102 |
| Medicare 2: | | | | | | |
| Phone | (817) 717-7718 | Fax | (817) 615-9663 | | | Services: |
| Type: | Parent Agency | Administrator | STEPHANIE VISAGE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/08/2012 | <u>Owner Information</u> |
| License # | 014857 | | | | | BLUE TANGO LLC |
| Lic Expire | 06/30/2018 | | | | | 3608 POTOMAC AVE |
| Medicare 1: | | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (817) 717-7718 | Fax | (817) 632-2371 | | | Services: |
| Type: | Parent Agency | Administrator | KENNETH C COX | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/27/1994 | <u>Owner Information</u> |
| License # | 001565 | | | | | CHRISTIAN CARE CENTERS INC |
| Lic Expire | 12/31/2019 | | | | | 1000 WIGGINS PARKWAY |
| Medicare 1: | 67Q8148001 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (817) 496-4730 | Fax | (972) 682-7947 | | | Services: |
| Type: | Branch Agency | Administrator | SUSANNE SPERRY ISRAEL | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 02/04/2016 | <u>Owner Information</u> |
| License # | 017258 | | | | | CIRCLE OF LOVE NETWORK LLC |
| Lic Expire | 02/28/2018 | | | | | 2300 VALLEY VIEW LANE SUITE 909 |
| Medicare 1: | | | | | | IRVING, TX 75062 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 203-5975 | Fax | (972) 619-8789 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | REGINA GUY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/27/2005 | <u>Owner Information</u> |
| License # | 009989 | | | | | M L CHAPMAN INCORPORATED |
| Lic Expire | 09/30/2019 | | | | | 350 ARBOR CT #216 |
| Medicare 1: | | | | | | EULESS, TX 76039 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 560-8085 | Fax | (817) 560-7760 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL L CHAPMAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/18/2003 | <u>Owner Information</u> |
| License # | 005213 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 04/30/2018 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451501 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 870-9995 | Fax | (817) 870-9996 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LAUREN PARRISH HORTON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 05/01/1996 | <u>Owner Information</u> |
| License # | 005213 | | | | | COMMUNITY HOSPICE OF TEXAS |
| Lic Expire | 04/30/2018 | | | | | 6100 WESTERN PLACE SUITE 105 |
| Medicare 1: | 451501 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 870-2795 | Fax | (817) 878-3717 | | | Hospice |
| Type: | Parent Agency | Administrator | LAUREN PARRISH HORTON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/26/2005 | <u>Owner Information</u> |
| License # | 009882 | | | | | FORT WORTH H & H ENTERPRISES INC |
| Lic Expire | 07/31/2019 | | | | | 3309 WINTHROP AVE #89 |
| Medicare 1: | | | | | | FORT WORTH, TX 76616 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 570-9901 | Fax | (817) 570-9801 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSIE STEWART | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/23/2014 | <u>Owner Information</u> |
| License # | 016710 | | | | | COVENANT HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 10/31/2018 | | | | | 10 CADILLAC DRIVE, SUITE 400 |
| Medicare 1: | 451791 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 735-8741 | Fax | (817) 735-8836 | | | Hospice |
| Type: | Parent Agency | Administrator | GLENN LE BLANC | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/01/2001 | <u>Owner Information</u> |
| License # | 007555 | | | | | COOK CHILDRENS HOME HEALTH |
| Lic Expire | 12/31/2019 | | | | | 801 SEVENTH AVENUE |
| Medicare 1: | 677672 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 885-6294 | Fax | (682) 885-2499 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHAEL "BRADY" GENDKE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/11/2015 | <u>Owner Information</u> |
| License # | 017222 | | | | | TAMCARE HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 3880 HULEN ST. SUITE 670 |
| Medicare 1: | 747070 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 878-4277 | Fax | (817) 878-4303 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DEBORAH ELLIS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 02/01/2003 | <u>Owner Information</u> |
| License # | 008457 | | | | | NNENNA ACHO |
| Lic Expire | 01/31/2020 | | | | | 8426 ODELL STREET |
| Medicare 1: | 679099 | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 446-8100 | Fax | (817) 446-8102 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JACQUELYN WILLIAMS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 05/12/2016 | <u>Owner Information</u> |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 447-2700 | Fax | (817) 447-3033 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIRK COATES | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/13/2017 | <u>Owner Information</u> |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 293-9744 | Fax | (817) 293-0344 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KIRK COATES | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2012 | <u>Owner Information</u> |
| License # | 015032 | | | | | LHCG XXXIII LLC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 51266 |
| Medicare 1: | 457575 | | | | | LAFAYETTE, LA 70503 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 529-7555 | Fax | (817) 529-7560 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | JAMES NICHOLSON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/09/1995 | <u>Owner Information</u> |
| License # | 004154 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 11/30/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 838-4777 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DARLENE MCGILLICK | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/13/2000 | <u>Owner Information</u> |
| License # | 007277 | | | | | NDUBUISI D ACHO |
| Lic Expire | 03/31/2018 | | | | | 8426 ODELL STREET |
| Medicare 1: | 679011 | | | | | NORTH RICHLAND, TX 76180 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 930-0930 | Fax | (817) 446-0109 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | N DAVID ACHO | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/01/2005 | <u>Owner Information</u> |
| License # | 010383 | | | | | EASTER SEALS NORTH TEXAS INC |
| Lic Expire | 09/30/2019 | | | | | 1424 HEMPHILL STREET |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 332-7171 | Fax | (817) 665-0878 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LYNN BOYD | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2015 | <u>Owner Information</u> |
| License # | 016949 | | | | | ENCOMPASS HOME HEALTH OF NORTH CENTRAL TEXAS |
| Lic Expire | 06/30/2019 | | | | | 901 W ROSEDALE SUITE #250 |
| Medicare 1: | 457975 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 737-4300 | Fax | (817) 737-4305 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ERIC DENGLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 11/01/2006 | <u>Owner Information</u> |
| License # | 011086 | | | | | ENCOMPASS OF FORT WORTH LP |
| Lic Expire | 10/31/2018 | | | | | 6688 N CENTRAL EXPY SUITE 1300 |
| Medicare 1: | 679167 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 737-4300 | Fax | (817) 737-4305 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ERIC DENGLER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/06/2013 | <u>Owner Information</u> |
| License # | 015841 | | | | | APEX HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 6888 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 671733 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 737-4300 | Fax | (817) 737-4305 | | | Hospice |
| Type: | Parent Agency | Administrator | ADAM ALGER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/20/2011 | <u>Owner Information</u> |
| License # | 014228 | | | | | ENVOY HOSPICE LLC |
| Lic Expire | 07/31/2019 | | | | | 1412 W MAGNOLIA AVENUE SUITE 100 |
| Medicare 1: | 671712 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 289-3990 | Fax | (817) 289-3995 | | | Hospice |
| Type: | Parent Agency | Administrator | JEANICE KING | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/17/2014 | <u>Owner Information</u> |
| License # | 015023 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 921-5020 | Fax | (817) 698-9506 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RACHEL MONTGOMERY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/28/2012 | <u>Owner Information</u> |
| License # | 015023 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 698-9500 | Fax | (817) 698-9506 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RACHEL MONTGOMERY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/05/2000 | <u>Owner Information</u> |
| License # | 007358 | | | | | EXCEPTIONAL HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 2817 STARK SUITE A |
| Medicare 1: | | | | | | FORT WORTH, TX 76112 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 457-8324 | Fax | (817) 457-9617 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHELLEY STRAWTHER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/08/2008 | <u>Owner Information</u> |
| License # | 011801 | | | | | FIRST RESPONSE HOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 4444 MALLOW OAK DRIVE |
| Medicare 1: | 747160 | | | | | FORT WORTH, TX 76123 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 361-7040 | Fax | (817) 361-9244 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JUDITH C. TAN- PASCUAL | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/22/2017 | <u>Owner Information</u> |
| License # | 018530 | | | | | EEM ENTERPRISES INC |
| Lic Expire | 12/31/2019 | | | | | 1007 MESQUITE DRIVE |
| Medicare 1: | | | | | | KELLER, TX 76248 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 929-5775 | Fax | (817) 887-1201 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH "BETSY" FREDERICK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 11/23/2010 | <u>Owner Information</u> |
| License # | 011756 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 451-4690 | Fax | (817) 451-4689 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PEGGY K MCCOLLUM | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/11/2009 | <u>Owner Information</u> |
| License # | 012440 | | | | | GRACE HOSPICE OF FORT WORTH LLC |
| Lic Expire | 02/28/2019 | | | | | 4100 INTERNATIONAL PLAZA |
| Medicare 1: | 671648 | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 735-9600 | Fax | (817) 735-4323 | | | Hospice |
| Type: | Parent Agency | Administrator | KIRK B WIED II | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/22/2013 | <u>Owner Information</u> |
| License # | 015443 | | | | | STOVALL SENIOR SOLUTIONS INC |
| Lic Expire | 03/31/2019 | | | | | 2947 NADAR |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 437-8700 | Fax | (888) 445-0194 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BRIANNA STOVALL | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/21/2006 | <u>Owner Information</u> |
| License # | 011216 | | | | | GUARDIAN HEALTHCARE INC |
| Lic Expire | 09/30/2018 | | | | | 13737 NOEL ROAD SUITE 1400 |
| Medicare 1: | 677125 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 882-8200 | Fax | (817) 882-8789 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | KAREN CHANDLER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/20/2017 | <u>Owner Information</u> |
| License # | 018113 | | | | | HAMRO HOMEHEALTHCARE LLC |
| Lic Expire | 06/30/2019 | | | | | 1119 E SEMINARY DR |
| Medicare 1: | | | | | | FORT WORTH, TX 76115 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 420-2146 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | UMESH GHALLEY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/22/2016 | <u>Owner Information</u> |
| License # | 017364 | | | | | HAVEN HOME HEALTH LLC |
| Lic Expire | 04/30/2018 | | | | | 12160 NORTH ABRAMS RD SUITE 100 |
| Medicare 1: | 67Q9291001 | | | | | DALLAS, TX 75243 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 298-3300 | Fax | (817) 570-3040 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MICHAEL MCGIBBON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/01/2012 | <u>Owner Information</u> |
| License # | 014875 | | | | | SENIOR CARE CONSULTANTS AT HOME LTD |
| Lic Expire | 02/28/2018 | | | | | 3880 HULEN STREET SUITE 670 |
| Medicare 1: | 457976 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 878-2414 | Fax | (817) 878-4303 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DEBORAH ELLIS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 09/18/2009 | <u>Owner Information</u> |
| License # | 012897 | | | | | RW BOSS HEALTH MASTERS HOMECARE INC |
| Lic Expire | 09/30/2019 | | | | | 978 VILLAGE PARKWAY |
| Medicare 1: | 679041 | | | | | COPPELL, TX 75019 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 927-9550 | Fax | (817) 927-9558 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSICA HOVLAND | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|---|
| County | TARRANT | Region | 03 | Date Licensed | 10/28/2013 | Owner Information |
| License # | 016183 | | | | | HEART TO HEART HOSPICE OF FORT WORTH LLC |
| Lic Expire | 10/31/2017 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671505 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 731-9700 | Fax | (817) 731-9708 | | | Hospice |
| Type: | Parent Agency | Administrator | DEBORAH MOORE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/10/2011 | Owner Information |
| License # | 014470 | | | | | HIS GRACE HOME HEALTH CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 9013 FRIENDSWOOD DR |
| Medicare 1: | 747850 | | | | | FORT WORTH, TX 76123 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 443-7023 | Fax | (817) 423-2061 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHIRLEEN MAY A GALINSUGA | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/01/2015 | Owner Information |
| License # | 016797 | | | | | KANGAREW INC |
| Lic Expire | 12/31/2018 | | | | | 4833 BRYANT IRVIN COURT SUITE 100 |
| Medicare 1: | | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 377-0992 | Fax | (817) 427-5580 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICIA GREEN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/15/2014 | Owner Information |
| License # | 016559 | | | | | DAC SENIOR CARE MANAGEMENT, LLC |
| Lic Expire | 12/31/2018 | | | | | 2201 DOTTIE LYNN PARKWAY, SUITE #115 |
| Medicare 1: | | | | | | FORT WORTH, TX 76120 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 427-3262 | Fax | (888) 427-1418 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TONYA LANGE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/24/2011 | Owner Information |
| License # | 013916 | | | | | HOME SWEET HOMEHEALTH LLC |
| Lic Expire | 02/28/2019 | | | | | 6000 WESTERN PLACE SUITE #710 |
| Medicare 1: | 747777 | | | | | FORT WORTH, TX 76107 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 731-9100 | Fax | (817) 882-9700 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | CHELSEA MAHAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/04/2017 | Owner Information |
| License # | 018484 | | | | | I CARE AT HOME LLC |
| Lic Expire | 12/31/2019 | | | | | 5317 BELLIS DR |
| Medicare 1: | | | | | | FORT WORTH, TX 76244 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 593-0720 | Fax | (682) 626-1832 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SABINA WAINOGA | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/24/2003 | Owner Information |
| License # | 008771 | | | | | INHOME CARE INC |
| Lic Expire | 11/30/2019 | | | | | 808 W INDIANA |
| Medicare 1: | 679489 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 335-5234 | Fax | (817) 335-0026 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL WATERS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/11/2011 | Owner Information |
| License # | 010782 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 05/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 847-6300 | Fax | (817) 847-6310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | SHERRY SHELL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 07/16/2013 | Owner Information |
| License # | 014809 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 05/31/2018 | | | | | 5224 75TH ST STE D |
| Medicare 1: | 671795 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 847-6300 | Fax | (817) 847-6310 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CURT BOATMAN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/24/2010 | Owner Information |
| License # | 008464 | | | | | THERAPY MANAGEMENT SERVICES LLC |
| Lic Expire | 05/31/2019 | | | | | 15820 ADDISON RD |
| Medicare 1: | | | | | | DALLAS, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 546-8661 | Fax | (817) 546-3679 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MICKI ROGET | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/16/2009 | Owner Information |
| License # | 012403 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 01/31/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 679096 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 731-6124 | Fax | (817) 731-2092 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROBERT CLEVELAND | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2001 | Owner Information |
| License # | 007701 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451618 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 338-1512 | Fax | (817) 339-2577 | | | Hospice |
| Type: | Parent Agency | Administrator | LORI KENNEDY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2001 | Owner Information |
| License # | 007693 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451571 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 483-9922 | Fax | (940) 566-3252 | | | Hospice |
| Type: | Parent Agency | Administrator | LORI KENNEDY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/12/2016 | Owner Information |
| License # | 017548 | | | | | KLARUS HOME CARE, LLC |
| Lic Expire | 04/30/2018 | | | | | 6421 CAMP BOWIE BLVD, SUITE #100 |
| Medicare 1: | 679784 | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 349-9050 | Fax | (817) 349-9055 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | J. DANIEL BRUCE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/18/2013 | Owner Information |
| License # | 015489 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 04/30/2019 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DARLENE MCGILLICK | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/22/2009 | Owner Information |
| License # | 012933 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 877-0904 | Fax | (877) 306-4576 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDREA ROBERTS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 02/15/2011 | Owner Information |
| License # | 014241 | | | | | NIGHTINGALE OF HOUSTON INC |
| Lic Expire | 02/28/2019 | | | | | 1307 8TH AVENUE SUITE 207 |
| Medicare 1: | 679084 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (817) 566-1181 | Fax | (817) 566-1186 | | | Services: |
| Type: | Parent Agency | Administrator | TRISHA MATTHEWS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/06/2017 | Owner Information |
| License # | 017900 | | | | | CARING TALENT FORT WORTH, LLC |
| Lic Expire | 02/28/2019 | | | | | 2701 WEST BERRY STREET SUITE 155 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | |
| Phone | (817) 900-3800 | Fax | (866) 692-0752 | | | Services: |
| Type: | Parent Agency | Administrator | STELLA T HECKER | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/03/2015 | Owner Information |
| License # | 017301 | | | | | NURSECORE MANAGEMENT SERVICES LLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 201925 |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 795-0567 | Fax | (817) 649-3965 | | | Services: |
| Type: | Parent Agency | Administrator | JUDITH WHITTEN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/17/1997 | Owner Information |
| License # | 005223 | | | | | NURSECORE MANAGEMENT SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 201925 |
| Medicare 1: | | | | | | ARLINGTON, TX 76006 |
| Medicare 2: | | | | | | |
| Phone | (817) 926-2355 | Fax | (817) 926-1160 | | | Services: |
| Type: | Parent Agency | Administrator | JUDITH WHITTEN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/14/2006 | Owner Information |
| License # | 007339 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (817) 732-5078 | Fax | (817) 763-9569 | | | Services: |
| Type: | Branch Agency | Administrator | MARY ELIZABETH ROBERTS | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/14/2015 | Owner Information |
| License # | 016968 | | | | | OVERTURE HOME CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 4225 BENBROOK HWY |
| Medicare 1: | | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | |
| Phone | (817) 887-9401 | Fax | (888) 509-1810 | | | Services: |
| Type: | Parent Agency | Administrator | DENISE HELMS | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/30/2012 | Owner Information |
| License # | 014722 | | | | | PEDIALIFE HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 5500 EAST LOOP 820 SOUTH SUITE 207 |
| Medicare 1: | | | | | | FORTH WORTH, TX 76119 |
| Medicare 2: | | | | | | |
| Phone | (817) 563-5433 | Fax | (817) 563-5435 | | | Services: |
| Type: | Parent Agency | Administrator | DEVELLE C DEDRICK | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/23/2011 | Owner Information |
| License # | 014301 | | | | | PEDIATRIC HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2019 | | | | | 101 N SHORELINE BLVD STE 201 |
| Medicare 1: | | | | | | CORPUS CHRISTI, TX 78401 |
| Medicare 2: | | | | | | |
| Phone | (817) 710-7442 | Fax | (817) 710-7029 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE GOLIGHTLY | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 06/04/2002 | <u>Owner Information</u> |
| License # | 007964 | | | | | PRO CARE HOME CARE & SITTER SERVICE CO |
| Lic Expire | 06/30/2019 | | | | | 6115 PECAN CIRCLE |
| Medicare 1: | | | | | | ALVARADO, TX 76009 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 478-3108 | Fax | (817) 478-3429 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TERESA PARKER DAVIS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/30/2002 | <u>Owner Information</u> |
| License # | 008343 | | | | | PROFESSIONAL CARETAKERS INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 34659 |
| Medicare 1: | | | | | | FORT WORTH, TX 76162 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 921-9500 | Fax | (817) 921-9576 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEONNAH TATE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/07/2015 | <u>Owner Information</u> |
| License # | 017181 | | | | | BLESSED TOUCH HOME HEALTH AGENCY INC |
| Lic Expire | 08/31/2019 | | | | | 1412 W MAGNOLIA AVE STE 300 |
| Medicare 1: | 747290 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 417-5344 | Fax | (817) 417-4745 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MATHEW KING | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/13/2013 | <u>Owner Information</u> |
| License # | 015695 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 03/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | 457893 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 921-6400 | Fax | (817) 921-6407 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | PHILIP CRISWELL | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/09/2005 | <u>Owner Information</u> |
| License # | 009997 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 07/31/2018 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 685-0022 | Fax | (817) 685-0500 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JULIA HOLOKAI | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/17/2011 | <u>Owner Information</u> |
| License # | 014176 | | | | | RESTORING FUNCTION HHC LLC |
| Lic Expire | 06/30/2019 | | | | | 4955 S. HULEN ST. |
| Medicare 1: | 747775 | | | | | FORT WORTH, TX 76132 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 500-4159 | Fax | (866) 778-1508 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JESSICA BUSBY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/16/2009 | <u>Owner Information</u> |
| License # | 012903 | | | | | QF ENTERPRISES INC |
| Lic Expire | 10/31/2019 | | | | | 8808 CAMP BOWIE WEST SUITE 180 |
| Medicare 1: | | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 560-2727 | Fax | (817) 560-2606 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | QUENTAS JONES | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/22/2013 | <u>Owner Information</u> |
| License # | 015726 | | | | | REDWING D SUPREME |
| Lic Expire | 08/31/2019 | | | | | 1307 8TH AVENUE SUITE 311 |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 344-7948 | Fax | (866) 591-7596 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHEN CONWAY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | TARRANT | Region | 03 | Date Licensed | 08/08/2006 | <u>Owner Information</u> |
| License # | 010668 | | | | | CRISTELA FLORES SERENITY HOSPICE LLC |
| Lic Expire | 08/31/2019 | | | | | 3108 MARYS LANE |
| Medicare 1: | 671651 | | | | | FORTH WORTH, TX 76116 |
| Medicare 2: | | | | | | |
| Phone | (817) 348-9863 | Fax | (817) 878-5788 | | | Services: |
| Type: | Parent Agency | Administrator | CRISTELA FLORES | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 05/02/2017 | <u>Owner Information</u> |
| License # | 018030 | | | | | CARLY VICTORIA SIMONE BOHANNON |
| Lic Expire | 05/31/2019 | | | | | 4901 SLEEPY RIDGE CIRCLE |
| Medicare 1: | | | | | | FORTH WORTH, TX 76133 |
| Medicare 2: | | | | | | |
| Phone | (682) 330-1221 | Fax | (817) 984-3488 | | | Services: |
| Type: | Parent Agency | Administrator | CARLY BOHANNON | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/29/2017 | <u>Owner Information</u> |
| License # | 018537 | | | | | SOLEO HEALTH INC. |
| Lic Expire | 12/31/2019 | | | | | 2912 W. 6TH STREET SUITE #120 |
| Medicare 1: | | | | | | FORTH WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (817) 916-1206 | Fax | (817) 381-4419 | | | Services: |
| Type: | Parent Agency | Administrator | JANETTE NEALY | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/13/2012 | <u>Owner Information</u> |
| License # | 014639 | | | | | ST GABRIELS HOSPICE AND PALLIATIVE CARE LLC |
| Lic Expire | 02/28/2018 | | | | | 2501 PARKVIEW DRIVE SUITE 105 |
| Medicare 1: | 671742 | | | | | FORTH WORTH, TX 76102 |
| Medicare 2: | | | | | | |
| Phone | (817) 306-4545 | Fax | (817) 887-2704 | | | Services: |
| Type: | Parent Agency | Administrator | AMANDA G WILLIAMS | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 02/24/2012 | <u>Owner Information</u> |
| License # | 014659 | | | | | SUPREME HOSPICE INC |
| Lic Expire | 02/28/2018 | | | | | 915 S MAIN STREET SUITE A |
| Medicare 1: | 671787 | | | | | FORTH WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (817) 336-2027 | Fax | (817) 336-5996 | | | Services: |
| Type: | Parent Agency | Administrator | SREEKUMARAN K NAIR | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 12/07/2011 | <u>Owner Information</u> |
| License # | 014515 | | | | | SWEET PEA SENIOR SERVICES |
| Lic Expire | 12/31/2019 | | | | | 3508 SUTTER COURT |
| Medicare 1: | | | | | | FORTH WORTH, TX 76137 |
| Medicare 2: | | | | | | |
| Phone | (817) 773-7477 | Fax | (866) 605-0549 | | | Services: |
| Type: | Parent Agency | Administrator | RODDY C GORDON II | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/22/2012 | <u>Owner Information</u> |
| License # | 014700 | | | | | LAURENZO SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 133 SAM BASS ROAD |
| Medicare 1: | | | | | | WILLOW PARK, TX 76087 |
| Medicare 2: | | | | | | |
| Phone | (817) 927-1925 | Fax | (888) 667-1750 | | | Services: |
| Type: | Parent Agency | Administrator | DAVID C LAURENZO | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 11/19/2012 | <u>Owner Information</u> |
| License # | 015211 | | | | | TEXAS ANGELS HOME CARE INC |
| Lic Expire | 11/30/2018 | | | | | 3509 HULEN STREET STE 251 |
| Medicare 1: | | | | | | FORTH WORTH, TX 76107 |
| Medicare 2: | | | | | | |
| Phone | (817) 727-4525 | Fax | (817) 727-4576 | | | Services: |
| Type: | Parent Agency | Administrator | TODD H REEB | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 10/24/2000 | Owner Information |
| License # | 007463 | | | | | CARDIAC CARE OF TEXAS P L LC |
| Lic Expire | 10/31/2019 | | | | | 8851 CAMP BOWIE WEST SUITE 250 |
| Medicare 1: | 679032 | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 448-9522 | Fax | (817) 448-9523 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KRYSTAL DAKE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/25/2017 | Owner Information |
| License # | 018197 | | | | | NAMASTE TRADE LLC |
| Lic Expire | 07/31/2019 | | | | | 4200 SOUTH FWY SUITE 615 |
| Medicare 1: | | | | | | FORT WORTH, TX 76115 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 240-2382 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ASHOK RAI | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/09/2013 | Owner Information |
| License # | 015948 | | | | | CATERED LIVING LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 100848 |
| Medicare 1: | | | | | | FORT WORTH, TX 76185 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 528-9005 | Fax | (855) 631-3780 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDREA COOK | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/14/2017 | Owner Information |
| License # | 018324 | | | | | TEXAS HOME HEALTH GROUP OF FORT WORTH LLC |
| Lic Expire | 08/31/2019 | | | | | 17855 N DALLAS PARKW SUITE 200 |
| Medicare 1: | 747526 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 308-5597 | Fax | (254) 853-4204 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANKIE WASHBURN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/23/2015 | Owner Information |
| License # | 016654 | | | | | THUNDER HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 5508 SHADY SPRINGS TRL |
| Medicare 1: | | | | | | FORT WORTH, TX 76179 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 735-0194 | Fax | (682) 841-5884 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | NEVILLE TSHIAMALA | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/18/2006 | Owner Information |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 451-9435 | Fax | (817) 451-9485 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JANET BOWLES | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/23/2001 | Owner Information |
| License # | 007598 | | | | | THE CUMBERLAND REST INC |
| Lic Expire | 04/30/2019 | | | | | 1600 TEXAS STREET |
| Medicare 1: | | | | | | FORT WORTH, TX 76102 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 338-2400 | Fax | (817) 338-8233 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEITH MANNING | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/06/2006 | Owner Information |
| License # | 006647 | | | | | WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 1208 COUNTRY CLUB LANE |
| Medicare 1: | 451679 | | | | | FORT WORTH, TX 76112 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 451-1404 | Fax | (817) 451-2204 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ANA NACCARATO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 01/01/1998 | Owner Information |
| License # | 006531 | | | | | WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 1208 COUNTRY CLUB LANE |
| Medicare 1: | 458238 | | | | | FORT WORTH, TX 76112 |
| Medicare 2: | | | | | | |
| Phone | (817) 451-1404 | Fax | (817) 451-5029 | | | Services: |
| Type: | Parent Agency | Administrator | ANA NACCARATO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/27/1998 | Owner Information |
| License # | 006647 | | | | | WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 1208 COUNTRY CLUB LANE |
| Medicare 1: | 451679 | | | | | FORT WORTH, TX 76112 |
| Medicare 2: | | | | | | |
| Phone | (817) 451-1404 | Fax | (817) 451-2204 | | | Services: |
| Type: | Parent Agency | Administrator | ANA NACCARATO | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 09/01/1998 | Owner Information |
| License # | 006848 | | | | | UNIVERSAL STAFFING INC |
| Lic Expire | 08/31/2019 | | | | | 1208 COUNTRY CLUB LANE SUITE 204 |
| Medicare 1: | | | | | | FORT WORTH, TX 76112 |
| Medicare 2: | | | | | | |
| Phone | (817) 451-1404 | Fax | (817) 451-2204 | | | Services: |
| Type: | Parent Agency | Administrator | ANA NACCARATO | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 11/04/2013 | Owner Information |
| License # | 015851 | | | | | USRC TARRANT, LP |
| Lic Expire | 11/30/2017 | | | | | 2400 DALLAS PARKWAY, SUITE #350 |
| Medicare 1: | | | | | | PLANO, TX 75093 |
| Medicare 2: | | | | | | |
| Phone | (817) 877-1515 | Fax | (817) 877-5100 | | | Services: |
| Type: | Parent Agency | Administrator | KATHI LEWIS | | | Licensed Home Health Services with Dialysis |
| County | TARRANT | Region | 03 | Date Licensed | 09/30/2013 | Owner Information |
| License # | 016028 | | | | | VIRTUAL HOME CARE INC |
| Lic Expire | 09/30/2019 | | | | | 2601 GUS THOMASSON SUITE 300 |
| Medicare 1: | 67Q9095002 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (817) 768-5014 | Fax | (817) 385-6707 | | | Services: |
| Type: | Branch Agency | Administrator | TINA HOWELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/24/2014 | Owner Information |
| License # | 016587 | | | | | DWB PARTNERS LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 672 |
| Medicare 1: | | | | | | FORT WORTH, TX 76101 |
| Medicare 2: | | | | | | |
| Phone | (817) 877-1616 | Fax | (817) 334-7994 | | | Services: |
| Type: | Parent Agency | Administrator | DALE BROCK | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/01/1998 | Owner Information |
| License # | 006982 | | | | | VITAS HEALTHCARE OF TEXAS LP |
| Lic Expire | 11/30/2018 | | | | | 100 BISCAYNE BLVD SUITE 1300 |
| Medicare 1: | 451553 | | | | | MIAMI, FL 33131 |
| Medicare 2: | | | | | | |
| Phone | (817) 870-7070 | Fax | (817) 870-7090 | | | Services: |
| Type: | Parent Agency | Administrator | KELLEY BAKER | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 11/08/2012 | Owner Information |
| License # | 012429 | | | | | VIVA MEDICAL GROUP LLC |
| Lic Expire | 02/28/2019 | | | | | 3400 WATERVIEW PARKWAY, SUITE 115 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (817) 564-0107 | Fax | (817) 546-8097 | | | Services: |
| Type: | Branch Agency | Administrator | TIARA MAXWELL | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|---|
| County | TARRANT | Region | 03 | Date Licensed | 03/05/2009 | <u>Owner Information</u> |
| License # | 012487 | | | | | VIVICARE HEALTH PARTNERS INC |
| Lic Expire | 03/31/2019 | | | | | 255 NORTH CENTER STREET, SUITE 102 |
| Medicare 1: | | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 265-0900 | Fax | (817) 265-0910 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CASEY LOBATO | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/02/2015 | <u>Owner Information</u> |
| License # | 016890 | | | | | WESTSIDE CAREGIVERS LLC |
| Lic Expire | 07/31/2019 | | | | | 118 BEAR PATH TRAIL |
| Medicare 1: | | | | | | FORT WORTH, TX 76126 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 560-3975 | Fax | (866) 931-1601 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KAREN WILLIAMS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/08/2017 | <u>Owner Information</u> |
| License # | 017435 | | | | | NEW CENTURY HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 671588 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 246-9100 | Fax | | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ADDIS UMER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 05/02/2017 | <u>Owner Information</u> |
| License # | 018032 | | | | | DIADEM HEARTS INC |
| Lic Expire | 05/31/2019 | | | | | 7268 PORTILLO |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 366-0950 | Fax | (866) 803-8759 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SIMINIBE MONEKE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/20/2012 | <u>Owner Information</u> |
| License # | 014598 | | | | | HOMAGE HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | 3008 NADAR |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 323-7630 | Fax | (682) 222-7574 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DONATUS BENSON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/11/2015 | <u>Owner Information</u> |
| License # | 016643 | | | | | MAI VIET CARE INC |
| Lic Expire | 02/28/2019 | | | | | 2416 LAKEWOOD DR |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75052 |
| Medicare 2: | | | | | | Services: |
| Phone | (844) 624-8438 | Fax | (817) 953-8892 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA NGUYEN | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/30/2017 | <u>Owner Information</u> |
| License # | 018412 | | | | | VIRTUOUS HEALTH SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | 6960 REGATTA DR. |
| Medicare 1: | | | | | | GRAND PRAIRIE, TX 75054 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 405-6274 | Fax | (817) 779-7445 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ENGGA MICKENS | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/01/2013 | <u>Owner Information</u> |
| License # | 016019 | | | | | DAVIS MANAGED SERVICES, INC |
| Lic Expire | 10/31/2019 | | | | | 1340 S MAIN ST #130 |
| Medicare 1: | | | | | | GRAPEVINE, TX 76051 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 377-3420 | Fax | (817) 377-3424 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY-LOVING HARMAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 07/17/2014 | Owner Information |
| License # | 016319 | | | | | CHARIS HOSPICE |
| Lic Expire | 07/31/2018 | | | | | 2001 FALL CREEK HWY |
| Medicare 1: | 741592 | | | | | GRAPEVINE, TX 76049 |
| Medicare 2: | | | | | | |
| Phone | (817) 736-1155 | Fax | (817) 326-2436 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY DOUGLAS | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 09/26/2014 | Owner Information |
| License # | 016697 | | | | | THREE OF A KIND INC |
| Lic Expire | 09/30/2018 | | | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | | | | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (817) 876-6138 | Fax | (817) 704-4335 | | | Services: |
| Type: | Branch Agency | Administrator | NORA METTLEN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 09/26/2014 | Owner Information |
| License # | 016697 | | | | | THREE OF A KIND INC |
| Lic Expire | 09/30/2018 | | | | | 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 |
| Medicare 1: | 747181 | | | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | |
| Phone | (817) 310-0056 | Fax | (817) 704-4335 | | | Services: |
| Type: | Parent Agency | Administrator | NORA METTLEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/03/2011 | Owner Information |
| License # | 014255 | | | | | ENCOMPASS HOME HEALTH OF DFW |
| Lic Expire | 06/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 679428 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (817) 329-5449 | Fax | (817) 329-2145 | | | Services: |
| Type: | Parent Agency | Administrator | LINDA FARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/01/2016 | Owner Information |
| License # | 017337 | | | | | DFW NEIGHBORHOOD HOME CARE , LLC |
| Lic Expire | 03/31/2018 | | | | | 1701 W NORTHWEST HWY STE 100 |
| Medicare 1: | | | | | | GRAPEVINE, TX 76051 |
| Medicare 2: | | | | | | |
| Phone | (817) 329-5051 | Fax | (817) 756-7380 | | | Services: |
| Type: | Parent Agency | Administrator | JIE ZHANG | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/14/2012 | Owner Information |
| License # | 015268 | | | | | J & F HEALTHY LIFESTYLE LLC |
| Lic Expire | 12/31/2018 | | | | | 3412 BALBOA CT |
| Medicare 1: | | | | | | GRAPEVINE, TX 76092 |
| Medicare 2: | | | | | | |
| Phone | (817) 428-2888 | Fax | (817) 288-0588 | | | Services: |
| Type: | Parent Agency | Administrator | YU DING | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 678210 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (817) 514-8284 | Fax | (817) 514-8505 | | | Services: |
| Type: | Parent Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 01/30/2007 | <u>Owner Information</u> |
| License # | 011037 | | | | | SEASONS HOSPICE AND PALLIATIVE CARE OF TEXAS INC |
| Lic Expire | 01/31/2018 | | | | | 1643 LANCASTER DRIVE SUITE 203 |
| Medicare 1: | 671578 | | | | | GRAPEVINE, TX 76051 |
| Medicare 2: | | | | | | |
| Phone | (817) 887-0017 | Fax | (817) 665-2145 | | | Services: |
| Type: | Parent Agency | Administrator | MEGAN ANDERSON | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 07/29/2004 | <u>Owner Information</u> |
| License # | 009222 | | | | | ALPHA OMEGA HOSPICE LP |
| Lic Expire | 07/31/2019 | | | | | PO BOX 162041 |
| Medicare 1: | 451778 | | | | | FORT WORTH, TX 76161 |
| Medicare 2: | | | | | | |
| Phone | (817) 238-0770 | Fax | (817) 238-0786 | | | Services: |
| Type: | Parent Agency | Administrator | JACKIE HARTT | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 05/16/2011 | <u>Owner Information</u> |
| License # | 014100 | | | | | HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 1240 SOUTHRIDGE COURT, SUITE #106 |
| Medicare 1: | | | | | | HURST, TX 76053 |
| Medicare 2: | | | | | | |
| Phone | (817) 952-3093 | Fax | (817) 952-3095 | | | Services: |
| Type: | Parent Agency | Administrator | CATHY WILLIAMSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/10/2004 | <u>Owner Information</u> |
| License # | 008959 | | | | | BISHOP HOSPICE LLC |
| Lic Expire | 03/31/2020 | | | | | 2712 HURSTVIEW |
| Medicare 1: | 451776 | | | | | HURST, TX 76054 |
| Medicare 2: | | | | | | |
| Phone | (817) 514-2232 | Fax | (817) 281-8505 | | | Services: |
| Type: | Parent Agency | Administrator | AL SUTTON | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 04/12/2017 | <u>Owner Information</u> |
| License # | 017997 | | | | | CAREGIVERS OF HOPE LLC |
| Lic Expire | 04/30/2019 | | | | | 845 FOREST HOLLOW DR |
| Medicare 1: | | | | | | HURST, TX 76053 |
| Medicare 2: | | | | | | |
| Phone | (817) 280-9660 | Fax | (817) 285-0950 | | | Services: |
| Type: | Parent Agency | Administrator | DORIS BANGURA | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/05/2017 | <u>Owner Information</u> |
| License # | 018143 | | | | | DELIVERING BLESSINGS LLC |
| Lic Expire | 07/31/2019 | | | | | 112 WEST PIPELINE SUITE 5 |
| Medicare 1: | | | | | | HURST, TX 76053 |
| Medicare 2: | | | | | | |
| Phone | (682) 200-2126 | Fax | (682) 200-2126 | | | Services: |
| Type: | Parent Agency | Administrator | SHEREE JOHNSON | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/21/2007 | <u>Owner Information</u> |
| License # | 011852 | | | | | IN HOME HEALTH LLC |
| Lic Expire | 12/31/2018 | | | | | 333 NORTH SUMMIT STREET |
| Medicare 1: | 451642 | | | | | TOLEDO, OH 43604 |
| Medicare 2: | | | | | | |
| Phone | (817) 849-8880 | Fax | (817) 849-8884 | | | Services: |
| Type: | Parent Agency | Administrator | BRUCE DAVIS | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 12/01/2017 | <u>Owner Information</u> |
| License # | 018578 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 11/30/2019 | | | | | 700 NORTH TOWN EAST BLVD., SUITE 159 |
| Medicare 1: | 67Q9113001 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | |
| Phone | (817) 510-3601 | Fax | (817) 510-3602 | | | Services: |
| Type: | Branch Agency | Administrator | TRACI WOOLFOLK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 10/01/2017 | <u>Owner Information</u> |
| License # | 018525 | | | | | GOOD SAMARITAN SOCIETY HCBS-TX LLC |
| Lic Expire | 09/30/2019 | | | | | 700 NORTH TOWN EAST BLVD., SUITE 159 |
| Medicare 1: | 671584 | | | | | MESQUITE, TX 75150 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 608-6120 | Fax | (817) 282-1062 | | | Hospice |
| Type: | Parent Agency | Administrator | TIFFANY CLARK | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/09/2016 | <u>Owner Information</u> |
| License # | 017730 | | | | | INTEGRATED CARE GIVING |
| Lic Expire | 11/30/2018 | | | | | 1508 SANIBEL LANE |
| Medicare 1: | | | | | | ARLINGTON, TX 76018 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 952-3355 | Fax | (817) 952-3368 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMIRA YUSSIF | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/06/2007 | <u>Owner Information</u> |
| License # | 011903 | | | | | PHCS II INC |
| Lic Expire | 11/30/2017 | | | | | 1666 NORTH HAMPTON ROAD SUITE 202 |
| Medicare 1: | 679151 | | | | | DESOTO, TX 75115 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 285-8100 | Fax | (469) 374-5426 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FRANKLIN R HUNTER | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/16/2017 | <u>Owner Information</u> |
| License # | 018380 | | | | | SYLVAN MEADOWS HOME CARE SERVICES |
| Lic Expire | 10/31/2019 | | | | | 746 E PIPELINE ROAD |
| Medicare 1: | | | | | | HURST, TX 76053 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 845-8383 | Fax | (817) 284-4000 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LYNETTE BAPTISTE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/19/2008 | <u>Owner Information</u> |
| License # | 007367 | | | | | THERAPY 2000 INC |
| Lic Expire | 07/31/2018 | | | | | 2535 LONE STAR DR |
| Medicare 1: | | | | | | DALLAS, TX 75212 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 467-9787 | Fax | (214) 741-3655 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JERRE T VAN DEN BENT | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/01/2004 | <u>Owner Information</u> |
| License # | 009618 | | | | | US HOME HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 117 W BEDFORD EULESS ROAD |
| Medicare 1: | 679473 | | | | | HURST, TX 76053 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 268-0041 | Fax | (817) 285-8847 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ABIGAIL UDEME | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/01/2016 | <u>Owner Information</u> |
| License # | 017248 | | | | | M&E SENIOR SOLUTIONS, LLC |
| Lic Expire | 01/31/2018 | | | | | 7001 TAMARACK ROAD |
| Medicare 1: | | | | | | FORT WORTH, TX 76116 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 952-3223 | Fax | (817) 952-3225 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GREGORY MOON | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/13/2017 | <u>Owner Information</u> |
| License # | 017954 | | | | | ALWAYS LOVE AND CARE LLC |
| Lic Expire | 03/31/2019 | | | | | P O BOX 1304 |
| Medicare 1: | | | | | | KELLER, TX 76244 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 897-2433 | Fax | (817) 379-2920 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LATICIA LOVE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 05/18/2009 | Owner Information |
| License # | 012709 | | | | | AMERICARE SPECIALTY HOMEHEALTH INCOPRORATED |
| Lic Expire | 05/31/2019 | | | | | 222 OVERLEAF DRIVE |
| Medicare 1: | 747285 | | | | | KELLER, TX 76248 |
| Medicare 2: | | | | | | |
| Phone | (469) 688-0414 | Fax | (817) 840-6406 | | | Services: |
| Type: | Parent Agency | Administrator | LAARNIE REGALA DIZON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/10/2009 | Owner Information |
| License # | 012700 | | | | | ASPIRA HEALTHCARE INC |
| Lic Expire | 07/31/2019 | | | | | 1834 KELLER PARKWAY SUITE 200 |
| Medicare 1: | 747473 | | | | | KELLER, TX 76248 |
| Medicare 2: | | | | | | |
| Phone | (817) 431-8528 | Fax | (817) 431-2216 | | | Services: |
| Type: | Parent Agency | Administrator | GRACE NJIE | | | Licensed and Certified Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 12/19/2014 | Owner Information |
| License # | 016572 | | | | | DIVINE OPPORTUNITIES, LLC |
| Lic Expire | 12/31/2018 | | | | | 424 KELLER PARKWAY |
| Medicare 1: | | | | | | KELLER, TX 76248 |
| Medicare 2: | | | | | | |
| Phone | (817) 427-5555 | Fax | (817) 562-8051 | | | Services: |
| Type: | Parent Agency | Administrator | TIFFANY M PLOTT | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/25/2016 | Owner Information |
| License # | 017540 | | | | | ARBEK INC |
| Lic Expire | 07/31/2018 | | | | | 5751 KROGER DR SUITE 293 |
| Medicare 1: | | | | | | KELLER, TX 76244 |
| Medicare 2: | | | | | | |
| Phone | (316) 558-0127 | Fax | (817) 887-5383 | | | Services: |
| Type: | Parent Agency | Administrator | ROOHA KURIKESU | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010413 | | | | | HOPE HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | 703 BRIAR MEADOW COURT |
| Medicare 1: | 679761 | | | | | KELLER, TX 76248 |
| Medicare 2: | | | | | | |
| Phone | (817) 498-3403 | Fax | (817) 498-3407 | | | Services: |
| Type: | Parent Agency | Administrator | SUSAN ONYEABOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 07/22/2015 | Owner Information |
| License # | 017089 | | | | | HOPE N PEACE HOMECARE LLC |
| Lic Expire | 07/31/2019 | | | | | 5751 KROGER DRIVE SUITE 242 |
| Medicare 1: | | | | | | KELLER, TX 76244 |
| Medicare 2: | | | | | | |
| Phone | (469) 267-7561 | Fax | (844) 333-0611 | | | Services: |
| Type: | Parent Agency | Administrator | CATHERINE RUBIA | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 09/21/2009 | Owner Information |
| License # | 012863 | | | | | MEDICALL HOME HEALTH SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 5120 LEE RAY ROAD |
| Medicare 1: | 747443 | | | | | KELLER, TX 76244 |
| Medicare 2: | | | | | | |
| Phone | (817) 380-1735 | Fax | (817) 439-6794 | | | Services: |
| Type: | Parent Agency | Administrator | CHARLES MUGISHA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 11/24/2017 | Owner Information |
| License # | 017435 | | | | | NEW CENTURY HOSPICE INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 671588 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (972) 239-0907 | Fax | (972) 239-0908 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ADDIS UMER | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 04/05/2011 | Owner Information |
| License # | 014007 | | | | | HUSSEY & PERKINS INC |
| Lic Expire | 04/30/2019 | | | | | 50 FOREST MILL TRL, SUITE 106 |
| Medicare 1: | | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (817) 479-9265 | Fax | (817) 479-9365 | | | Services: |
| Type: | Parent Agency | Administrator | JENNIFER M. RINE | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 03/20/2016 | Owner Information |
| License # | 017849 | | | | | CARE OF EXCELLENCE HOME HEALTH LLC |
| Lic Expire | 03/31/2018 | | | | | 751 US HIGHWAY 287 NORTH SUITE 104 |
| Medicare 1: | 679654 | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (817) 842-4263 | Fax | (817) 842-4264 | | | Services: |
| Type: | Parent Agency | Administrator | MELINDA CONN | | | Licensed and Certified Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 10/18/2004 | Owner Information |
| License # | 009489 | | | | | JEANUINE INC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 2189 |
| Medicare 1: | | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (817) 453-3727 | Fax | (817) 453-1140 | | | Services: |
| Type: | Parent Agency | Administrator | ANDREA L JEANS | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/17/2015 | Owner Information |
| License # | 016646 | | | | | DESTINATION LIFE LLC |
| Lic Expire | 02/28/2019 | | | | | 1759 BROAD PARK CIRCLE S. #113 |
| Medicare 1: | | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (817) 473-1312 | Fax | (844) 812-4427 | | | Services: |
| Type: | Parent Agency | Administrator | ZEMELDA CARR | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 04/05/2017 | Owner Information |
| License # | 017984 | | | | | NEW DIRECTION HOME HEALTHCARE OF DFW, INC. |
| Lic Expire | 04/30/2019 | | | | | 1015 E DALLAS STREET, SUITE #2 |
| Medicare 1: | 747541 | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (682) 438-5030 | Fax | (866) 591-9619 | | | Services: |
| Type: | Parent Agency | Administrator | CHIKETA KELLY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 02/25/2016 | Owner Information |
| License # | 017536 | | | | | GREENLEAF HOSPICE LLC |
| Lic Expire | 02/28/2018 | | | | | 2665 VILLA CREEK DRIVE SUITE 201 |
| Medicare 1: | 741547 | | | | | DALLAS, TX 75234 |
| Medicare 2: | | | | | | |
| Phone | (682) 518-3877 | Fax | (682) 518-3879 | | | Services: |
| Type: | Parent Agency | Administrator | JAMIE PRUITT | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 01/13/2012 | Owner Information |
| License # | 014582 | | | | | JAMES-STHER HOME HEALTH INC |
| Lic Expire | 01/31/2018 | | | | | 943 DUNKIRK LANE |
| Medicare 1: | | | | | | ARLINGTON, TX 76017 |
| Medicare 2: | | | | | | |
| Phone | (817) 992-6543 | Fax | (817) 701-0262 | | | Services: |
| Type: | Parent Agency | Administrator | IYABODE AYODELE | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 01/28/2009 | Owner Information |
| License # | 012711 | | | | | MEDICAL CASE MANAGEMENT AND SOCIAL SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 1475 HERITAGE PARKWAY, SUITE #129 |
| Medicare 1: | 453126 | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | |
| Phone | (817) 293-9988 | Fax | (817) 293-4486 | | | Services: |
| Type: | Parent Agency | Administrator | DONALD RAMSEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 11/28/2011 | <u>Owner Information</u> |
| License # | 014489 | | | | | NEW DIRECTION HOME HEALTHCARE INC |
| Lic Expire | 11/30/2019 | | | | | 519 FOSSIL LAKE CT |
| Medicare 1: | | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 438-5030 | Fax | (866) 591-9619 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHIKETA KELLY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/29/2011 | <u>Owner Information</u> |
| License # | 014312 | | | | | NEXSTEP HOME HEALTHCARE LLC |
| Lic Expire | 08/31/2019 | | | | | 990 HWY 287 N SUITE 106 #339 |
| Medicare 1: | 747798 | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 225-6555 | Fax | (888) 247-9848 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CRAIG W TIPPING | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/27/2014 | <u>Owner Information</u> |
| License # | 016053 | | | | | JJ & B UNITED LLC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 151345 |
| Medicare 1: | | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 472-1040 | Fax | (817) 549-8539 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANADELIA PEDRAZA | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/10/2015 | <u>Owner Information</u> |
| License # | 017166 | | | | | RHINESTONE RESOURCES GROUP, LLC |
| Lic Expire | 12/31/2017 | | | | | 4204 STONEBRIAR TRAIL |
| Medicare 1: | | | | | | MANSFIELD, TX 76063 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 592-3021 | Fax | (817) 592-3021 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHESTER RHINES JR. | | | |
| County | TARRANT | Region | 03 | Date Licensed | 11/06/2017 | <u>Owner Information</u> |
| License # | 018425 | | | | | A PEACEFUL HEART HOME CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 5750 RUFÉ SNOW DRIVE SUITE 135 |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 482-6116 | Fax | (877) 211-9810 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RACHEL CHOMBA | | | |
| County | TARRANT | Region | 03 | Date Licensed | 12/13/2013 | <u>Owner Information</u> |
| License # | 016045 | | | | | A SENSITIVE TOUCH HOME HEALTHCARE LLC |
| Lic Expire | 12/31/2017 | | | | | 7264 GLENVIEW DRIVE SUITE B |
| Medicare 1: | 747111 | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 868-7100 | Fax | (817) 284-2431 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BEENA KURUP | | | |
| County | TARRANT | Region | 03 | Date Licensed | 03/25/2008 | <u>Owner Information</u> |
| License # | 011939 | | | | | A TO Z THERAPY MANAGEMENT LLC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 1972 |
| Medicare 1: | | | | | | KELLER, TX 76244 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 581-0111 | Fax | (866) 497-2746 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CORI ZANZUCCHI | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/06/2000 | <u>Owner Information</u> |
| License # | 004828 | | | | | WINGHUNG CHUN INC |
| Lic Expire | 08/31/2019 | | | | | 1177 ROCKINGHAM DRIVE SUITE 200 |
| Medicare 1: | 45Q9021001 | | | | | RICHARDSON, TX 75093 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 595-9888 | Fax | (817) 589-8887 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | WING H CHUN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 06/14/2013 | <u>Owner Information</u> |
| License # | 015605 | | | | | CONNECT HOME HEALTH, LLC. |
| Lic Expire | 06/30/2019 | | | | | 7001 BOULEVARD 26 SUITE # 327 |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | |
| Phone | (817) 247-8437 | Fax | (866) 702-7217 | | | Services: |
| Type: | Parent Agency | Administrator | EZRA KUENZI | | | Licensed Home Health Services, Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 11/20/2012 | <u>Owner Information</u> |
| License # | 015423 | | | | | FREEDOM HOSPICE LLC |
| Lic Expire | 11/30/2018 | | | | | 9001 AIRPORT FREEWAY, SUITE 570 |
| Medicare 1: | 671527 | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | |
| Phone | (817) 265-0151 | Fax | (817) 265-0145 | | | Services: |
| Type: | Parent Agency | Administrator | BRANDY COVINGTON | | | Hospice |
| County | TARRANT | Region | 03 | Date Licensed | 02/17/2017 | <u>Owner Information</u> |
| License # | 017971 | | | | | HOMECARE DIMENSIONS INC |
| Lic Expire | 02/28/2019 | | | | | 12500 NETWORK BLVD SUITE 210 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (682) 708-3809 | Fax | (682) 708-3806 | | | Services: |
| Type: | Branch Agency | Administrator | KATHIE MASTEN | | | Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 08/08/2000 | <u>Owner Information</u> |
| License # | 007387 | | | | | LIBBYS HEALTHCARE MANAGEMENT INC |
| Lic Expire | 08/31/2018 | | | | | 6633 BLVD 26 |
| Medicare 1: | 679031 | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | |
| Phone | (817) 498-7733 | Fax | (817) 590-8586 | | | Services: |
| Type: | Parent Agency | Administrator | MARIAMMA ZACHARIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/21/2004 | <u>Owner Information</u> |
| License # | 009109 | | | | | LOTUS HOME HEALTHCARE SERVICES PC |
| Lic Expire | 05/31/2018 | | | | | 7001 BOULEVARD 26, SUITE 113 |
| Medicare 1: | 673175 | | | | | NORTH RICHLAND HILLS, TX 76180 |
| Medicare 2: | | | | | | |
| Phone | (817) 284-6300 | Fax | (817) 284-6331 | | | Services: |
| Type: | Parent Agency | Administrator | SYAMALA S NAIR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TARRANT | Region | 03 | Date Licensed | 05/11/2017 | <u>Owner Information</u> |
| License # | 018052 | | | | | EJV HOME CARE SERVICES, LLC. |
| Lic Expire | 05/31/2019 | | | | | P.O. BOX 822541 |
| Medicare 1: | | | | | | NORTH RICHLAND HILLS, TX 76182 |
| Medicare 2: | | | | | | |
| Phone | (817) 918-3485 | Fax | (817) 953-3078 | | | Services: |
| Type: | Parent Agency | Administrator | ELEASCIA VALDES | | | Personal Assistance Services |
| County | TARRANT | Region | 03 | Date Licensed | 06/25/2009 | <u>Owner Information</u> |
| License # | 012666 | | | | | BLISS HOME HEALTH CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2108 W PIONEER PARKWAY STE 113 |
| Medicare 1: | 747632 | | | | | ARLINGTON, TX 76016 |
| Medicare 2: | | | | | | |
| Phone | (817) 375-0333 | Fax | (817) 375-0335 | | | Services: |
| Type: | Parent Agency | Administrator | LILIAN SHEPARD | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 12/18/2008 | <u>Owner Information</u> |
| License # | 012357 | | | | | COMFORT HANDS HEALTH CARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 8109 STOWE SPRINGS LANE |
| Medicare 1: | | | | | | ARLINGTON, TX 76002 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 518-9258 | Fax | (682) 518-0029 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LINDA T PRICE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 02/23/2015 | <u>Owner Information</u> |
| License # | 016655 | | | | | LIFEWAY COMMUNITY CARE AND SITTING SRVICES INC |
| Lic Expire | 02/28/2019 | | | | | 3600 WEST PIONEER PARKWAY STE 10 |
| Medicare 1: | | | | | | PANTEGO, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 591-1706 | Fax | (817) 591-1707 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERYL SMITH | | | |
| County | TARRANT | Region | 03 | Date Licensed | 10/22/2010 | <u>Owner Information</u> |
| License # | 013670 | | | | | MOTHER IS GOLD HOME HEALTH CARE INC. |
| Lic Expire | 10/31/2018 | | | | | 3610 W PIONEER PKWY SUITE 206 |
| Medicare 1: | 747845 | | | | | PANTEGO, TX 76013 |
| Medicare 2: | | | | | | Services: |
| Phone | (469) 337-2693 | Fax | (682) 518-6355 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSEPHINE NZEPAH | | | |
| County | TARRANT | Region | 03 | Date Licensed | 08/09/2005 | <u>Owner Information</u> |
| License # | 008557 | | | | | VICTORY INSTITUTE INC |
| Lic Expire | 07/31/2018 | | | | | 2318 SHILOH LANE |
| Medicare 1: | 67Q9481001 | | | | | MESQUITE, TX 75181 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 590-8035 | Fax | (972) 216-3511 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | THOMAS VARUGHESE | | | |
| County | TARRANT | Region | 03 | Date Licensed | 04/02/2001 | <u>Owner Information</u> |
| License # | 007624 | | | | | BESTCARE HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | | | | 7215 A BAKER BLVD |
| Medicare 1: | 459495 | | | | | RICHLAND HILLS, TX 76118 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 595-9566 | Fax | (817) 595-9567 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROBERT W RICHEY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/03/2018 | <u>Owner Information</u> |
| License # | 018543 | | | | | GLORIA JEAN FLENNOY |
| Lic Expire | 01/31/2020 | | | | | 4804 ALANDALE DRIVE |
| Medicare 1: | | | | | | FOREST HILL, TX 76119 |
| Medicare 2: | | | | | | Services: |
| Phone | (682) 302-4267 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GLORIA FLENNOY | | | |
| County | TARRANT | Region | 03 | Date Licensed | 01/10/2015 | <u>Owner Information</u> |
| License # | 016732 | | | | | UNITED PLUS HOME HEALTH LLC |
| Lic Expire | 01/31/2019 | | | | | 505 CLARIDEN RANCH RD |
| Medicare 1: | 747695 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 382-4931 | Fax | (817) 717-9354 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PUSHPAM MYDUR | | | |
| County | TARRANT | Region | 03 | Date Licensed | 07/30/2014 | <u>Owner Information</u> |
| License # | 016670 | | | | | DWB PARTNERS LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 672 |
| Medicare 1: | | | | | | FORT WORTH, TX 76101 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 684-1996 | Fax | (817) 310-0517 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALE BROCK | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------|---------------|------------|--|
| County | TARRANT | Region | 03 | Date Licensed | 10/21/2016 | Owner Information |
| License # | 017697 | | | | | BYFIELD EMPIRE, LLC |
| Lic Expire | 10/31/2018 | | | | | 5209 ELMDALE DR |
| Medicare 1: | | | | | | WATAUGA, TX 76137 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 683-7262 | Fax | (817) 479-3619 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KEMAR BYFIELD | | | |
| County | TARRANT | Region | 03 | Date Licensed | 06/21/2016 | Owner Information |
| License # | 017472 | | | | | WILLOW PARK HOME HEALTH CARE SERVICES INC. |
| Lic Expire | 06/30/2018 | | | | | 4971 E I-20 SERVICE RD. N. |
| Medicare 1: | | | | | | WILLOW PARK, TX 76087 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 441-2080 | Fax | (817) 441-2081 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | BUNMI BAMIDELE | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 02/20/1984 | Owner Information |
| License # | 001419 | | | | | ABILENE HOME HEALTH PROFESSIONAL CARE INC |
| Lic Expire | 02/29/2020 | | | | | 265 SOUTH LEGGETT |
| Medicare 1: | 457564 | | | | | ABILENE, TX 79605 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 672-9454 | Fax | (325) 673-3851 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | JIMMY O HERMAN | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 08/03/2005 | Owner Information |
| License # | 009732 | | | | | 1ST TEXAS HOME HEALTH OF SAN ANGELO INC |
| Lic Expire | 01/31/2019 | | | | | 1002 S ABE STREET SUITE B |
| Medicare 1: | 67Q9429001 | | | | | SAN ANGELO, TX 76903 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 690-0063 | Fax | (325) 690-0640 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | MATT NELSON | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 10/18/2010 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 690-0583 | Fax | (325) 690-0148 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018371 | | | | | BEYONDFAITH HOMECARE & REHAB OF ABILENE LLC |
| Lic Expire | 08/31/2019 | | | | | 5340 LEGACY DRIVE STE 150 |
| Medicare 1: | 747518 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 437-7019 | Fax | (325) 437-7020 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | NATALIE WILDE | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 06/13/2006 | Owner Information |
| License # | 010529 | | | | | BIG COUNTRY HEALTHCARE SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 286 PACK SADDLE PASS |
| Medicare 1: | 679576 | | | | | ABILENE, TX 79602 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 675-0559 | Fax | (325) 675-0591 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHNNIE C HUDSON | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 09/13/1991 | Owner Information |
| License # | 002242 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | 457383 | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 672-2264 | Fax | (325) 672-5575 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN PENA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------|---------------|------------|--|
| County | TAYLOR | Region | 02 | Date Licensed | 03/30/2017 | Owner Information |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | |
| Phone | (325) 695-7506 | Fax | (325) 690-1153 | | | Services: |
| Type: | Branch Agency | Administrator | KIRK COATES | | | Licensed Home Health Services, Personal Assistance Services |
| County | TAYLOR | Region | 02 | Date Licensed | 08/01/2013 | Owner Information |
| License # | 015680 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 07/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | |
| Phone | (325) 676-1473 | Fax | (325) 672-1673 | | | Services: |
| Type: | Parent Agency | Administrator | SHARON NOBLES | | | Licensed Home Health Services, Personal Assistance Services |
| County | TAYLOR | Region | 02 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 010716 | | | | | ENCOMPASS OF WEST TEXAS LP |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 679184 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (325) 695-3888 | Fax | (325) 695-5044 | | | Services: |
| Type: | Parent Agency | Administrator | KIM TRAWICK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TAYLOR | Region | 02 | Date Licensed | 08/25/2005 | Owner Information |
| License # | 009922 | | | | | SPARKS & EDINGTON LLC |
| Lic Expire | 08/31/2019 | | | | | 1290 SOUTH WILLIS SUITE 209 |
| Medicare 1: | 457924 | | | | | ABILENE, TX 79605 |
| Medicare 2: | | | | | | |
| Phone | (325) 690-5913 | Fax | (325) 690-1890 | | | Services: |
| Type: | Parent Agency | Administrator | SHIRLEY SPARKS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TAYLOR | Region | 02 | Date Licensed | 10/11/2001 | Owner Information |
| License # | 002613 | | | | | HENDRICK HOSPICE CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1922 |
| Medicare 1: | 451539 | | | | | ABILENE, TX 79604 |
| Medicare 2: | | | | | | |
| Phone | (325) 670-2273 | Fax | (325) 670-3233 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | KAREN TUCEK | | | Hospice |
| County | TAYLOR | Region | 02 | Date Licensed | 09/01/1993 | Owner Information |
| License # | 002613 | | | | | HENDRICK HOSPICE CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1922 |
| Medicare 1: | 451539 | | | | | ABILENE, TX 79604 |
| Medicare 2: | | | | | | |
| Phone | (325) 670-2273 | Fax | (325) 670-3233 | | | Services: |
| Type: | Parent Agency | Administrator | KAREN TUCEK | | | Hospice |
| County | TAYLOR | Region | 02 | Date Licensed | 03/29/1985 | Owner Information |
| License # | 001638 | | | | | HENDRICK MEDICAL CENTER |
| Lic Expire | 03/31/2019 | | | | | 1900 PINE STREET |
| Medicare 1: | 457761 | | | | | ABILENE, TX 79601 |
| Medicare 2: | | | | | | |
| Phone | (325) 670-2490 | Fax | (325) 677-5643 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA SPECKELS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TAYLOR | Region | 02 | Date Licensed | 10/29/2015 | Owner Information |
| License # | 017352 | | | | | HI FORT WORTH LLC |
| Lic Expire | 10/31/2019 | | | | | 13323 CALIFORNIA STREET |
| Medicare 1: | | | | | | OMAHA, NE 68154 |
| Medicare 2: | | | | | | |
| Phone | (325) 670-9610 | Fax | (325) 670-9611 | | | Services: |
| Type: | Parent Agency | Administrator | WENDY LORENZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | TAYLOR | Region | 02 | Date Licensed | 07/01/2000 | <u>Owner Information</u> |
| License # | 007488 | | | | | WEST TEXAS REHABILITATION CENTER |
| Lic Expire | 06/30/2019 | | | | | 4601 HARTFORD |
| Medicare 1: | 451558 | | | | | ABILENE, TX 79605 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 793-5450 | Fax | (325) 793-5459 | | | Hospice |
| Type: | Parent Agency | Administrator | ANGELIA LANE | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 03/11/2011 | <u>Owner Information</u> |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 677-2047 | Fax | (325) 677-9150 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 08/06/2014 | <u>Owner Information</u> |
| License # | 016494 | | | | | PRIMARY NURSE CARE INC |
| Lic Expire | 08/31/2018 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | 678097 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 677-2903 | Fax | (325) 677-2530 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | CHERYL WILSON | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 04/01/2007 | <u>Owner Information</u> |
| License # | 011268 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 692-4403 | Fax | (325) 695-5226 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMARA JOHNSON | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017913 | | | | | EUREKA HEALTHCARE INC |
| Lic Expire | 08/31/2018 | | | | | 27101 PUERTA REAL SUITE 450 |
| Medicare 1: | 679193 | | | | | MISSION VIEJO, CA 92691 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 672-6135 | Fax | (325) 437-0355 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JONATHAN TRAVIS JONES | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 09/01/2016 | <u>Owner Information</u> |
| License # | 017766 | | | | | EUREKA HEALTHCARE INC |
| Lic Expire | 08/31/2018 | | | | | 27101 PUERTA REAL SUITE 450 |
| Medicare 1: | 671790 | | | | | MISSION VIEJO, CA 92691 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 672-6135 | Fax | (325) 437-0355 | | | Hospice |
| Type: | Parent Agency | Administrator | JONATHAN TRAVIS JONES | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 02/09/2018 | <u>Owner Information</u> |
| License # | 018608 | | | | | INTEGRACARE OF ABILENE, LLC |
| Lic Expire | 02/29/2020 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 695-1962 | Fax | (325) 698-6657 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARITY WILLIAMS | | | |
| County | TAYLOR | Region | 02 | Date Licensed | 07/16/2009 | <u>Owner Information</u> |
| License # | 012710 | | | | | INTEGRACARE OF ABILENE LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER ST #400 |
| Medicare 1: | 747379 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 691-9947 | Fax | (325) 698-6657 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SHANDRA CHAPMAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | TAYLOR | Region | 02 | Date Licensed | 03/01/2012 | Owner Information |
| License # | 014755 | | | | | INTEGRACARE HOSPICE OF ABILENE LLC |
| Lic Expire | 02/29/2020 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 451751 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (325) 691-9948 | Fax | (325) 793-9203 | | | Services: |
| Type: | Parent Agency | Administrator | GRANT INNES | | | Hospice |
| County | TAYLOR | Region | 02 | Date Licensed | 01/10/1997 | Owner Information |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | |
| Phone | (325) 673-3281 | Fax | (325) 673-4059 | | | Services: |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | Licensed Home Health Services, Personal Assistance Services |
| County | TAYLOR | Region | 02 | Date Licensed | 06/01/2000 | Owner Information |
| License # | 007334 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (325) 676-2281 | Fax | (325) 676-1469 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON R EARLY | | | Licensed Home Health Services, Personal Assistance Services |
| County | TAYLOR | Region | 02 | Date Licensed | 03/13/2013 | Owner Information |
| License # | 015695 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 03/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (325) 692-9100 | Fax | (325) 692-9102 | | | Services: |
| Type: | Branch Agency | Administrator | PHILIP CRISWELL | | | Licensed Home Health Services |
| County | TAYLOR | Region | 02 | Date Licensed | 05/25/2017 | Owner Information |
| License # | 018251 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 05/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | 747859 | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (325) 692-9100 | Fax | (325) 692-9102 | | | Services: |
| Type: | Parent Agency | Administrator | PHILIP CRISWELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TAYLOR | Region | 02 | Date Licensed | 05/11/2001 | Owner Information |
| License # | 007789 | | | | | JONES & JONES HEALTHCARE LLC |
| Lic Expire | 05/31/2018 | | | | | 402 CYPRESS ST STE 601 |
| Medicare 1: | 458312 | | | | | ABILENE, TX 79601 |
| Medicare 2: | | | | | | |
| Phone | (325) 672-7800 | Fax | (325) 672-7842 | | | Services: |
| Type: | Parent Agency | Administrator | TONYA L JONES HUNTER | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | TAYLOR | Region | 02 | Date Licensed | 10/27/2017 | Owner Information |
| License # | 018408 | | | | | SSKP LLC |
| Lic Expire | 10/31/2019 | | | | | 4601 BUFFALO GAP RD B-3 |
| Medicare 1: | | | | | | ABILENE, TX 79606 |
| Medicare 2: | | | | | | |
| Phone | (325) 704-4474 | Fax | (325) 704-4476 | | | Services: |
| Type: | Parent Agency | Administrator | STEVEN CUNNINGHAM | | | Personal Assistance Services |
| County | TAYLOR | Region | 02 | Date Licensed | 01/14/2008 | Owner Information |
| License # | 011817 | | | | | CREIGHTOR INC |
| Lic Expire | 01/31/2020 | | | | | 4090 S. DANVILLE DR. STE A |
| Medicare 1: | | | | | | ABILENE, TX 79605 |
| Medicare 2: | | | | | | |
| Phone | (325) 437-9500 | Fax | (325) 437-9501 | | | Services: |
| Type: | Parent Agency | Administrator | BRITTNEY GILLIAM | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|---------------------------|---------------|------------|--|
| County | TERRY | Region | 01 | Date Licensed | 04/12/1991 | <u>Owner Information</u> |
| License # | 002205 | | | | | TERRY MEMORIAL HOSPITAL DISTRICT |
| Lic Expire | 04/30/2018 | | | | | 705 EAST FELT |
| Medicare 1: | 677415 | | | | | BROWNFIELD, TX 79316 |
| Medicare 2: | | | | | | |
| Phone | (806) 637-0063 | Fax | (806) 637-1032 | | | Services: |
| Type: | Parent Agency | Administrator | JERRY JASPER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TERRY | Region | 01 | Date Licensed | 06/07/2011 | <u>Owner Information</u> |
| License # | 007781 | | | | | INTERIM HEALTHCARE OF WEST TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 5224 75 STREET SUITE D |
| Medicare 1: | 67Q7566008 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 637-4448 | Fax | (806) 637-4485 | | | Services: |
| Type: | Branch Agency | Administrator | SHERRI LASEMEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TERRY | Region | 01 | Date Licensed | 05/31/2011 | <u>Owner Information</u> |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (806) 637-4448 | Fax | (806) 637-4485 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | Hospice |
| County | TERRY | Region | 01 | Date Licensed | 03/03/2016 | <u>Owner Information</u> |
| License # | 009857 | | | | | LEGACY OF LOVE HOSPICE INC |
| Lic Expire | 07/31/2018 | | | | | PO DRAWER 1308 |
| Medicare 1: | | | | | | LITTLEFIELD, TX 79339 |
| Medicare 2: | | | | | | |
| Phone | (806) 637-0050 | Fax | (806) 637-0070 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BARBARA ANN BROWN | | | Hospice |
| County | TITUS | Region | 04 | Date Licensed | 11/04/2013 | <u>Owner Information</u> |
| License # | 011963 | | | | | KINDSTAR INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | |
| Phone | (903) 575-9132 | Fax | (903) 575-9154 | | | Services: |
| Type: | Branch Agency | Administrator | STEPHANIE "ROBIN" KENDALL | | | Licensed Home Health Services, Personal Assistance Services |
| County | TITUS | Region | 04 | Date Licensed | 02/10/2003 | <u>Owner Information</u> |
| License # | 008100 | | | | | BEST STAR HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | 2840 KELLER SPRINGS RD SUITE 601 |
| Medicare 1: | 45Q9476001 | | | | | CARROLLTON, TX 75006 |
| Medicare 2: | | | | | | |
| Phone | (903) 717-8909 | Fax | (903) 575-9786 | | | Services: |
| Type: | Branch Agency | Administrator | JOY STAN | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | TITUS | Region | 04 | Date Licensed | 06/28/2002 | <u>Owner Information</u> |
| License # | 007990 | | | | | CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY |
| Lic Expire | 06/30/2019 | | | | | P O BOX 1820 |
| Medicare 1: | 679171 | | | | | MOUNT PLEASANT, TX 75456 |
| Medicare 2: | | | | | | |
| Phone | (903) 572-9700 | Fax | (903) 572-2447 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA CHAMBERS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | TITUS | Region | 04 | Date Licensed | 12/13/2016 | Owner Information |
| License # | 017788 | | | | | CCD HOSPICE MP, LLC |
| Lic Expire | 12/31/2018 | | | | | 1312 S. JEFFERSON AVENUE |
| Medicare 1: | 741684 | | | | | MOUNT PLEASANT, TX 75455 |
| Medicare 2: | | | | | | |
| Phone | (903) 572-3777 | Fax | (903) 572-3779 | | | Services: |
| Type: | Parent Agency | Administrator | KELLY DALE | | | Hospice |
| County | TITUS | Region | 04 | Date Licensed | 03/29/1993 | Owner Information |
| License # | 002499 | | | | | CYPRESS BASIN HOSPICE INC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 544 |
| Medicare 1: | 451575 | | | | | MOUNT PLEASANT, TX 75456 |
| Medicare 2: | | | | | | |
| Phone | (903) 577-1510 | Fax | (903) 577-9377 | | | Services: |
| Type: | Parent Agency | Administrator | JOHN R. PEARSON | | | Hospice |
| County | TITUS | Region | 04 | Date Licensed | 10/31/2016 | Owner Information |
| License # | 017835 | | | | | AB INNOVATIONS HEALTH SERVICES |
| Lic Expire | 10/31/2018 | | | | | 100 EAST FERGUSON STE 614 |
| Medicare 1: | | | | | | TYLER, TX 75702 |
| Medicare 2: | | | | | | |
| Phone | (430) 222-0079 | Fax | (903) 717-3102 | | | Services: |
| Type: | Parent Agency | Administrator | DEANNA SCHUMP | | | Licensed Home Health Services, Personal Assistance Services |
| County | TITUS | Region | 04 | Date Licensed | 06/21/2013 | Owner Information |
| License # | 015767 | | | | | HEART TO HEART HOSPICE OF EAST TEXAS LLC |
| Lic Expire | 06/30/2019 | | | | | 7240 CHASE OAKS BLVD |
| Medicare 1: | 671591 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (903) 575-9111 | Fax | (903) 575-9117 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | M DEON BEHRMAN | | | Hospice |
| County | TITUS | Region | 04 | Date Licensed | 07/01/2008 | Owner Information |
| License # | 012107 | | | | | HNB HOME HEALTH AGENCY INC |
| Lic Expire | 06/30/2018 | | | | | PO BOX 482 |
| Medicare 1: | 747153 | | | | | MOUNT PLEASANT, TX 75456 |
| Medicare 2: | | | | | | |
| Phone | (903) 577-5666 | Fax | (903) 577-5658 | | | Services: |
| Type: | Parent Agency | Administrator | ELIZABETH BROWN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TITUS | Region | 04 | Date Licensed | 01/01/2003 | Owner Information |
| License # | 008273 | | | | | JHS OPERATIONS LLC |
| Lic Expire | 12/31/2019 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 45Q7507004 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (903) 380-5081 | Fax | (903) 380-5084 | | | Services: |
| Type: | Branch Agency | Administrator | KAREN CROWELL | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TITUS | Region | 04 | Date Licensed | 07/26/2011 | Owner Information |
| License # | 014392 | | | | | OUTREACH HEALTH SERVICES OF NORTH TEXAS LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER ST #400 |
| Medicare 1: | 457210 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (903) 572-8751 | Fax | (903) 577-0225 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY JEANE SHIRLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TITUS | Region | 04 | Date Licensed | 04/30/2014 | Owner Information |
| License # | 016263 | | | | | MAYS HOME HEALTH OF PARIS TX LLC |
| Lic Expire | 04/30/2018 | | | | | 3310 LAMAR AVENUE SUITE A |
| Medicare 1: | 45Q7586001 | | | | | PARIS, TX 75460 |
| Medicare 2: | | | | | | |
| Phone | (903) 577-0748 | Fax | (903) 577-0947 | | | Services: |
| Type: | Branch Agency | Administrator | ERIK K DRENNEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | TITUS | Region | 04 | Date Licensed | 08/11/1995 | <u>Owner Information</u> |
| License # | 003819 | | | | | TEXAS HELPING HANDS INC |
| Lic Expire | 08/31/2018 | | | | | 116 EAST 3RD STREET |
| Medicare 1: | 678093 | | | | | MOUNT PLEASANT, TX 75455 |
| Medicare 2: | | | | | | |
| Phone | (903) 572-4280 | Fax | (903) 572-6133 | | | Services: |
| Type: | Parent Agency | Administrator | ASHLEY S WALKER | | | Licensed and Certified Home Health Services |
| County | TITUS | Region | 04 | Date Licensed | 10/05/2015 | <u>Owner Information</u> |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (430) 222-2028 | Fax | (430) 222-2032 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | Hospice |
| County | TITUS | Region | 04 | Date Licensed | 10/03/2017 | <u>Owner Information</u> |
| License # | 016092 | | | | | HOSPICE CARE OF TEXAS LLP |
| Lic Expire | 12/31/2017 | | | | | 500 FAULCONER DRIVE SUITE 200 |
| Medicare 1: | | | | | | CHARLOTTESVILLE, VA 22903 |
| Medicare 2: | | | | | | |
| Phone | (903) 572-3204 | Fax | (903) 572-8827 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | TERI ANNETTE MUGNO | | | Hospice |
| County | TITUS | Region | 04 | Date Licensed | 01/08/2008 | <u>Owner Information</u> |
| License # | 007339 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (903) 575-9251 | Fax | (903) 575-9771 | | | Services: |
| Type: | Branch Agency | Administrator | MARY ELIZABETH ROBERTS | | | Licensed Home Health Services, Personal Assistance Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 01/12/2005 | <u>Owner Information</u> |
| License # | 009732 | | | | | 1ST TEXAS HOME HEALTH OF SAN ANGELO INC |
| Lic Expire | 01/31/2019 | | | | | 1002 S ABE STREET SUITE B |
| Medicare 1: | 679429 | | | | | SAN ANGELO, TX 76903 |
| Medicare 2: | | | | | | |
| Phone | (325) 655-5099 | Fax | (325) 655-5114 | | | Services: |
| Type: | Parent Agency | Administrator | MATT NELSON | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 02/11/2011 | <u>Owner Information</u> |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | |
| Phone | (325) 227-4730 | Fax | (325) 227-6948 | | | Services: |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | Licensed Home Health Services, Personal Assistance Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 02/01/1999 | <u>Owner Information</u> |
| License # | 006924 | | | | | BAPTIST RETIREMENT COMMUNITY PERSONAL ASSISTANCE SERVICES |
| Lic Expire | 01/31/2019 | | | | | 902 NORTH MAIN |
| Medicare 1: | | | | | | SAN ANGELO, TX 76903 |
| Medicare 2: | | | | | | |
| Phone | (325) 655-7391 | Fax | (325) 653-4754 | | | Services: |
| Type: | Parent Agency | Administrator | CRISTINA RIVAS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|-----------------------|---------------|------------|--|
| County | TOM GREEN | Region | 09 | Date Licensed | 06/05/2008 | Owner Information |
| License # | 002242 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 944-3666 | Fax | (325) 944-2033 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOHN PENA | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 11/01/2013 | Owner Information |
| License # | 016070 | | | | | CARTER HEALTHCARE OF SAN ANGELO LLC |
| Lic Expire | 10/31/2019 | | | | | 2725 SHERWOOD WAY #700 |
| Medicare 1: | 677824 | | | | | SAN ANGELO, TX 79601 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 944-8181 | Fax | (325) 944-8455 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DAVID BERNARD | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 03/12/2009 | Owner Information |
| License # | 012503 | | | | | 4C2W, LLC |
| Lic Expire | 03/31/2019 | | | | | 2517-74TH STREET |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 949-0700 | Fax | (325) 949-0778 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | FELISA ANN CARSON | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 08/28/2003 | Owner Information |
| License # | 008619 | | | | | CONCHO VALLEY HHC OF WEST TEXAS LLC |
| Lic Expire | 08/31/2018 | | | | | 3103 SOUTHWEST BLVD SUITE B |
| Medicare 1: | 679383 | | | | | SAN ANGELO, TX 76904 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 944-8916 | Fax | (325) 944-8929 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANNIE LOUISE TOWNSEND | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 08/01/2013 | Owner Information |
| License # | 015682 | | | | | EDUCARE COMMUNITY LIVING CORPORATION - TEXAS |
| Lic Expire | 07/31/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 942-8050 | Fax | (325) 949-0646 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUSAN HERNANDEZ | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 06/01/2006 | Owner Information |
| License # | 010716 | | | | | ENCOMPASS OF WEST TEXAS LP |
| Lic Expire | 05/31/2019 | | | | | 6688 N CENTRAL EXPRESSWAY STE 1300 |
| Medicare 1: | 67Q9184005 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 486-0400 | Fax | (325) 486-0403 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KIM TRAWICK | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 11/15/1988 | Owner Information |
| License # | 002018 | | | | | HOSPICE OF SAN ANGELO INC |
| Lic Expire | 11/30/2018 | | | | | 36 E TWOHIG SUITE 1100 |
| Medicare 1: | 451532 | | | | | SAN ANGELO, TX 76903 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 658-6524 | Fax | (325) 658-8895 | | | Hospice |
| Type: | Parent Agency | Administrator | GINA COUNCILMAN | | | |
| County | TOM GREEN | Region | 09 | Date Licensed | 09/14/2004 | Owner Information |
| License # | 007641 | | | | | INHOME CARE INC |
| Lic Expire | 12/31/2019 | | | | | 808 W INDIANA |
| Medicare 1: | 45Q8475003 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 570-4475 | Fax | (432) 686-3960 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MICHAEL EARL WATERS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------------|---------------|------------|--|
| County | TOM GREEN | Region | 09 | Date Licensed | 01/14/2008 | Owner Information |
| License # | 010522 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 06/30/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | 671561 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (325) 223-1957 | Fax | (325) 223-5140 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DIANA LESLIE | | | Hospice |
| County | TOM GREEN | Region | 09 | Date Licensed | 10/31/2003 | Owner Information |
| License # | 008792 | | | | | INTREPID OF WEST TEXAS INC |
| Lic Expire | 10/31/2018 | | | | | 4055 VALLEY VIEW LANE 5TH FLOOR |
| Medicare 1: | 679211 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (325) 658-5550 | Fax | (325) 949-5044 | | | Services: |
| Type: | Parent Agency | Administrator | SHEILA LONG | | | Licensed and Certified Home Health Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011731 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 45Q7128001 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (325) 949-1108 | Fax | (325) 944-8712 | | | Services: |
| Type: | Branch Agency | Administrator | ROSA CERVANTEZ | | | Licensed and Certified Home Health Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 10/21/1998 | Owner Information |
| License # | 006693 | | | | | FAMILY HOSPICE LTD |
| Lic Expire | 10/31/2019 | | | | | 12900 FOSTER STREET SUITE #400 |
| Medicare 1: | 451697 | | | | | OVERLAND, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (325) 481-0123 | Fax | (325) 481-3211 | | | Services: |
| Type: | Parent Agency | Administrator | SAMANTHA SCOTT SIMMONS | | | Hospice |
| County | TOM GREEN | Region | 09 | Date Licensed | 10/10/1996 | Owner Information |
| License # | 003467 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 01/31/2020 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | |
| Phone | (325) 653-2409 | Fax | (325) 655-3525 | | | Services: |
| Type: | Branch Agency | Administrator | TERRI JEAN RILEY-KRAMP | | | Licensed Home Health Services, Personal Assistance Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 11/02/2017 | Owner Information |
| License # | 007334 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | |
| Phone | (325) 676-2281 | Fax | (325) 676-1469 | | | Services: |
| Type: | Branch Agency | Administrator | SHANNON R EARLY | | | Licensed Home Health Services, Personal Assistance Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 08/02/2017 | Owner Information |
| License # | 018217 | | | | | SARA M MARTINEZ |
| Lic Expire | 08/31/2019 | | | | | 52 EAST 42ND STREET |
| Medicare 1: | | | | | | SAN ANGELO, TX 76903 |
| Medicare 2: | | | | | | |
| Phone | (325) 212-1762 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | SARA M MARTINEZ | | | Personal Assistance Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 08/20/2008 | Owner Information |
| License # | 012186 | | | | | WEST TEXAS HEALTHCARE LLC |
| Lic Expire | 08/31/2019 | | | | | 423 S IRVING STREET |
| Medicare 1: | 747233 | | | | | SAN ANGELO, TX 76903 |
| Medicare 2: | | | | | | |
| Phone | (325) 655-6600 | Fax | (325) 655-6602 | | | Services: |
| Type: | Parent Agency | Administrator | JOANNE POYNOR | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|---|
| County | TOM GREEN | Region | 09 | Date Licensed | 07/25/1984 | Owner Information |
| License # | 003134 | | | | | SHANNON HOME HEALTH SERVICES |
| Lic Expire | 07/31/2019 | | | | | 2030 PULLIAM STREET SUITE 6 |
| Medicare 1: | 457646 | | | | | SAN ANGELO, TX 76905 |
| Medicare 2: | | | | | | |
| Phone | (325) 659-7480 | Fax | (325) 659-7497 | | | Services: |
| Type: | Parent Agency | Administrator | EDGAR HARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 03/23/2005 | Owner Information |
| License # | 009652 | | | | | TLC IN HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 1932 SHERWOOD WAY |
| Medicare 1: | | | | | | SAN ANGELO, TX 76901 |
| Medicare 2: | | | | | | |
| Phone | (325) 658-1307 | Fax | (325) 658-1216 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA D CONLEY | | | Personal Assistance Services |
| County | TOM GREEN | Region | 09 | Date Licensed | 09/09/2013 | Owner Information |
| License # | 011817 | | | | | CREIGHTOR INC |
| Lic Expire | 01/31/2020 | | | | | 4090 S. DANVILLE DR. STE A |
| Medicare 1: | | | | | | ABILENE, TX 79605 |
| Medicare 2: | | | | | | |
| Phone | (325) 716-1803 | Fax | (800) 508-1803 | | | Services: |
| Type: | Branch Agency | Administrator | BRITTNEY GILLIAM | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/05/2017 | Owner Information |
| License # | 018092 | | | | | A.J. PRESTIGE HOME HEALTH CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 5625 KIEBERG TRAILS |
| Medicare 1: | | | | | | AUSTIN, TX 78747 |
| Medicare 2: | | | | | | |
| Phone | (512) 573-1786 | Fax | (512) 857-0087 | | | Services: |
| Type: | Parent Agency | Administrator | GHERRY POLYCARP | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/31/2014 | Owner Information |
| License # | 016422 | | | | | NURSES TO GO INC |
| Lic Expire | 07/31/2018 | | | | | 8901 E F. LOWRY EXPWY, SUITE A |
| Medicare 1: | 458114 | | | | | AUSTIN, TX 77591 |
| Medicare 2: | 451798 | | | | | |
| Phone | (512) 323-5577 | Fax | (512) 323-6670 | | | Services: |
| Type: | Parent Agency | Administrator | LORI HELLBERG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 09/15/2014 | Owner Information |
| License # | 016567 | | | | | ABIDING HOME HEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | 1011 WESTLAKE DRIVE SUITE 204 |
| Medicare 1: | 67Q9145001 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | |
| Phone | (512) 329-8622 | Fax | (512) 329-8662 | | | Services: |
| Type: | Branch Agency | Administrator | MARTHA CASE BURGESS | | | Licensed and Certified Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/30/2017 | Owner Information |
| License # | 017891 | | | | | DENLEX ENTERPRISES LLC |
| Lic Expire | 01/31/2019 | | | | | 10208 ENGLISH OAK DRIVE |
| Medicare 1: | | | | | | AUSTIN, TX 78748 |
| Medicare 2: | | | | | | |
| Phone | (512) 775-4842 | Fax | (512) 551-3067 | | | Services: |
| Type: | Parent Agency | Administrator | DAVE PADOLINA | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 09/15/2014 | Owner Information |
| License # | 016425 | | | | | RUBLE ENTERPRISES LLC |
| Lic Expire | 09/30/2018 | | | | | 2900 N QUINLAN PARK ROAD, SUITE#B240-322 |
| Medicare 1: | | | | | | AUSTIN, TX 78732 |
| Medicare 2: | | | | | | |
| Phone | (512) 230-6610 | Fax | (512) 609-8666 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA K. RUBLE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 09/27/2000 | Owner Information |
| License # | 007439 | | | | | ANGEL HEALTHCARE LP |
| Lic Expire | 09/30/2019 | | | | | PO BOX 28982 |
| Medicare 1: | | | | | | AUSTIN, TX 78755 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 453-6449 | Fax | (512) 453-6490 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID SIDDALL | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/10/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 996-9559 | Fax | (512) 996-9905 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 06/21/1996 | Owner Information |
| License # | 005101 | | | | | HOSPICE PREFERRED CHOICE INC |
| Lic Expire | 06/30/2018 | | | | | 1000 FIANA WAY MAIL DROP 4840 |
| Medicare 1: | 451570 | | | | | FORT SMITH, AR 72919 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 467-7423 | Fax | (512) 218-9288 | | | Hospice |
| Type: | Parent Agency | Administrator | CHRISTOPHER BUCCELLI | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/23/2010 | Owner Information |
| License # | 013479 | | | | | ASHBY PHC, LP |
| Lic Expire | 07/31/2018 | | | | | 505 E HUNTLAND DRIVE SUITE 190 |
| Medicare 1: | | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 458-5271 | Fax | (512) 458-2034 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRISHA ATWATER | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 08/30/2016 | Owner Information |
| License # | 017603 | | | | | LESASS LLC |
| Lic Expire | 08/31/2018 | | | | | 2608 S. 3RD ST. |
| Medicare 1: | | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 633-2524 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | EMILY KNOX | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/07/2010 | Owner Information |
| License # | 013782 | | | | | GRACE HOSPICE OF AUSTIN, LLC |
| Lic Expire | 09/30/2018 | | | | | P. O. BOX 99278 |
| Medicare 1: | 671538 | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 300-2100 | Fax | (855) 618-6655 | | | Hospice |
| Type: | Parent Agency | Administrator | AURORA MENDIOLA | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 04/29/2014 | Owner Information |
| License # | 016176 | | | | | AVIDCARE HOME HEALTH SERVICES LLC |
| Lic Expire | 04/30/2018 | | | | | 7801 N LAMAR BLVD., SUITE#B174 |
| Medicare 1: | | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 371-7171 | Fax | (512) 259-7056 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LALEH ASKARINASAB | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/01/2015 | Owner Information |
| License # | 017027 | | | | | BELLCOA HOME HEALTH SERVICE INC |
| Lic Expire | 06/30/2019 | | | | | 7081 N LAMAR BLVD #D-79 |
| Medicare 1: | 457871 | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 533-9990 | Fax | (512) 533-9992 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | HILDA CASTILLO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 05/21/2013 | Owner Information |
| License # | 015640 | | | | | BROADMOOR HEALTHCARE HOLDINGS, LLC |
| Lic Expire | 05/31/2019 | | | | | 7703 N. LAMAR BLVD., STE#418 |
| Medicare 1: | | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | |
| Phone | (512) 452-9800 | Fax | (512) 452-9801 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGE SANCHEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 09/04/2014 | Owner Information |
| License # | 012567 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (512) 328-3775 | Fax | (512) 329-6504 | | | Services: |
| Type: | Branch Agency | Administrator | COURTNEY L. STOKES | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 04/29/2009 | Owner Information |
| License # | 012567 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (512) 731-3100 | Fax | (512) 899-1711 | | | Services: |
| Type: | Parent Agency | Administrator | COURTNEY L. STOKES | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/24/2002 | Owner Information |
| License # | 008036 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | 679682 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (512) 372-1595 | Fax | (512) 241-1647 | | | Services: |
| Type: | Parent Agency | Administrator | ERIN BEARD | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/14/2012 | Owner Information |
| License # | 014874 | | | | | ARC THERAPY SERVICES LLC |
| Lic Expire | 06/30/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | 671752 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (512) 795-0204 | Fax | (512) 340-0634 | | | Services: |
| Type: | Parent Agency | Administrator | ROBIN NUNNELLY | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | | Owner Information |
| License # | | | | | | |
| Lic Expire | | | | | | |
| Medicare 1: | | | | | | |
| Medicare 2: | | | | | | |
| Phone | (903) 391-6231 | Fax | (512) 294-2086 | | | Services: |
| Type: | Parent Agency | Administrator | YEKINI ADEYEMI | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/08/1998 | Owner Information |
| License # | 006793 | | | | | CUIDADO CASERO HOME HEALTH CENTRAL INC |
| Lic Expire | 09/30/2019 | | | | | 1110 N CARROLL AVENUE |
| Medicare 1: | 458129 | | | | | SOUTHLAKE, TX 76092 |
| Medicare 2: | | | | | | |
| Phone | (512) 419-7738 | Fax | (512) 419-9022 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA AVILA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/21/2010 | Owner Information |
| License # | 013472 | | | | | CAPITOL HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 9015 MOUNTAIN RIDGE DRIVE STE#210 |
| Medicare 1: | 747581 | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (512) 467-6900 | Fax | (512) 467-6906 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA ARNETTE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 04/28/2015 | <u>Owner Information</u> |
| License # | 016776 | | | | | ATX HOSPICE INC |
| Lic Expire | 04/30/2019 | | | | | 9015 MOUNTAIN RIDGE DRIVE, STE#210B |
| Medicare 1: | 741607 | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (512) 637-6928 | Fax | (512) 637-6929 | | | Services: |
| Type: | Parent Agency | Administrator | TAYLOR PHILLEY | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 02/13/2014 | <u>Owner Information</u> |
| License # | 016039 | | | | | CHH PAS INC |
| Lic Expire | 02/28/2018 | | | | | 9015 MOUNTAIN RIDGE DRIVE SUITE#210 |
| Medicare 1: | | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (512) 436-9727 | Fax | (512) 467-6906 | | | Services: |
| Type: | Parent Agency | Administrator | DONNA SCOTT | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 09/30/2010 | <u>Owner Information</u> |
| License # | 012311 | | | | | OCI ACQUISITION LLC |
| Lic Expire | 09/30/2018 | | | | | 4300 SIGMA ROAD SUITE 130 |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | |
| Phone | (512) 795-2422 | Fax | (512) 852-4485 | | | Services: |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 04/15/2016 | <u>Owner Information</u> |
| License # | 017422 | | | | | COLOSSIANS 3 12 LLC |
| Lic Expire | 04/30/2018 | | | | | P. O. BOX 1643 |
| Medicare 1: | | | | | | BUDA, TX 78610 |
| Medicare 2: | | | | | | |
| Phone | (512) 310-2273 | Fax | (866) 517-4896 | | | Services: |
| Type: | Parent Agency | Administrator | CARRIE DAVIS | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/07/2015 | <u>Owner Information</u> |
| License # | 017210 | | | | | OMNIPRESENT HOMECARE INC |
| Lic Expire | 10/31/2019 | | | | | 3435 GREYSTONE DR STE 104 |
| Medicare 1: | 747416 | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (512) 394-7581 | Fax | (512) 382-7188 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES BRIAN CARTER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/22/2011 | <u>Owner Information</u> |
| License # | 013850 | | | | | CARTER HEALTHCARE OF CENTRAL TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 2163 STEPHENS PLACE |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (512) 394-7581 | Fax | (512) 382-7188 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES BRIAN CARTER | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/15/2010 | <u>Owner Information</u> |
| License # | 013850 | | | | | CARTER HEALTHCARE OF CENTRAL TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 2163 STEPHENS PLACE |
| Medicare 1: | 457892 | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | |
| Phone | (405) 795-1711 | Fax | (888) 622-4329 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES BRIAN CARTER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/23/2015 | <u>Owner Information</u> |
| License # | 017147 | | | | | CELLA BELLAS HOSPICE CORPORATION |
| Lic Expire | 11/30/2019 | | | | | 1823 FORTVIEW RD. #101 |
| Medicare 1: | 741618 | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | |
| Phone | (512) 912-7707 | Fax | (512) 912-9570 | | | Services: |
| Type: | Parent Agency | Administrator | TAUNA LEBKOWSKY | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 10/21/2011 | Owner Information |
| License # | 014434 | | | | | CELLA BELLAS SENIOR SERVICES |
| Lic Expire | 10/31/2019 | | | | | 12502 EAGLE NEST DR |
| Medicare 1: | | | | | | BUDA, TX 78610 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 912-7707 | Fax | (512) 912-9570 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY NATALIE DURAN | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/11/2014 | Owner Information |
| License # | 016030 | | | | | CHOICE HOMECARE OF NACOGDOCHES LLC |
| Lic Expire | 02/29/2020 | | | | | 6760 OLD JACKSONVILLE HIGHWAY, SUITE#101 |
| Medicare 1: | 747955 | | | | | TYLER, TX 75703 |
| Medicare 2: | | | | | | Services: |
| Phone | (817) 418-4301 | Fax | (888) 872-4232 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KEVIN CLAYTON | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/06/2017 | Owner Information |
| License # | 017962 | | | | | HEALTH SENSE HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 14295 MIDWAY RD., STE 400 |
| Medicare 1: | 741524 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 900-2548 | Fax | (512) 900-2549 | | | Licensed Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | SARAH HOPPER MARQUIS | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/17/2013 | Owner Information |
| License # | 015904 | | | | | CTW HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 4553 N LOOP 1604 W STE#1119 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 615-9004 | Fax | (512) 615-9005 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CHARLOTTE CHANDLER | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 04/15/2013 | Owner Information |
| License # | 015575 | | | | | COASTAL HOME HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 4359 RITTIMAN ROAD |
| Medicare 1: | 453107 | | | | | SAN ANTONIO, TX 78218 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 348-8281 | Fax | (210) 348-8481 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DAVID J LEE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/16/2015 | Owner Information |
| License # | 016918 | | | | | TEXCARE SERVICES LLC |
| Lic Expire | 07/31/2019 | | | | | 706B W. BEN WHITE BLVD., STE#170 B |
| Medicare 1: | | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 766-0100 | Fax | (844) 766-0107 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRAVIS SMITH | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 06/25/2014 | Owner Information |
| License # | 015496 | | | | | CONNECTCARE SOLUTIONS LLC |
| Lic Expire | 02/28/2019 | | | | | 4300 SIGMA RD., SUITE 130 |
| Medicare 1: | | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 744-3018 | Fax | (972) 584-0429 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | BARBARA J MENELEE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/11/2008 | Owner Information |
| License # | 011815 | | | | | CONTINENTAL HEALTHCARE INC |
| Lic Expire | 01/31/2020 | | | | | 205 SOUTH WILD BASIN RD BLD 3 |
| Medicare 1: | 747082 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 773-1183 | Fax | (512) 306-1565 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TANYA OTTI | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 04/06/1995 | Owner Information |
| License # | 003655 | | | | | CORAM ALTERNATE SITE SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | ONE CVS DRIVE, MC #1160 |
| Medicare 1: | | | | | | WOONSOCKET, RI 02895 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 832-1330 | Fax | (512) 832-1240 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MICHELLE THORPE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 11/30/2000 | Owner Information |
| License # | 007556 | | | | | DISABILITY SERVICES OF THE SOUTHWEST INC |
| Lic Expire | 11/30/2018 | | | | | 6243 I H 10 WEST SUITE 375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 419-1962 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLES "CD" CRADY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 05/21/2014 | Owner Information |
| License # | 016223 | | | | | EDWARDS HOME HEALTH INC |
| Lic Expire | 05/31/2018 | | | | | 1106 CLAYTON LANE SUITE#218E |
| Medicare 1: | 747966 | | | | | AUSTIN, TX 78723 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 338-8263 | Fax | (866) 339-4149 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EDWARD MARROQUIN | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/10/2012 | Owner Information |
| License # | 015057 | | | | | EDWARDS HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 1106 CLAYTON LANE SUITE#218E |
| Medicare 1: | 747789 | | | | | AUSTIN, TX 78723 |
| Medicare 2: | 741582 | | | | | Services: |
| Phone | (512) 763-4690 | Fax | (866) 339-4149 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | EDWARD MARROQUIN | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/01/2018 | Owner Information |
| License # | 018574 | | | | | ELDER HOMECARE INC |
| Lic Expire | 12/31/2019 | | | | | 1512 W. HOWARD LANE |
| Medicare 1: | 747954 | | | | | AUSTIN, TX 78728 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 371-6828 | Fax | (512) 275-6411 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MIMI ANH-NGOC TRAN | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 04/22/2011 | Owner Information |
| License # | 014052 | | | | | ELDER HOMECARE INC |
| Lic Expire | 04/30/2019 | | | | | 1512 W. HOWARD LANE |
| Medicare 1: | | | | | | AUSTIN, TX 78728 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 371-6828 | Fax | (512) 275-6411 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MIMI ANH-NGOC TRAN | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 06/01/2010 | Owner Information |
| License # | 013546 | | | | | ENCOMPASS HOME HEALTH OF AUSTIN LLC |
| Lic Expire | 05/31/2018 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 678267 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 326-4191 | Fax | (512) 326-4519 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANNABEL LINSOMB | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 12/01/2004 | Owner Information |
| License # | 009490 | | | | | HALLMARK HOMECARE LP |
| Lic Expire | 11/30/2018 | | | | | 6688 N CENTRAL EXPWY SUITE #1300 |
| Medicare 1: | 67Q9044001 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 339-1023 | Fax | (512) 339-4687 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | SHEILA ANDERSSSEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 09/11/2015 | Owner Information |
| License # | 017023 | | | | | ENCOMPASS HOME HEALTH OF AUSTIN LLC |
| Lic Expire | 09/30/2019 | | | | | 6688 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 741638 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | |
| Phone | (512) 284-9642 | Fax | (512) 291-7246 | | | Services: |
| Type: | Parent Agency | Administrator | SHARON FISCHER | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 08/24/2017 | Owner Information |
| License # | 018275 | | | | | ENTRUSTED PEDIATRIC HOME CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 3902 BOWHILL DRIVE |
| Medicare 1: | | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (817) 455-7476 | Fax | (210) 579-1028 | | | Services: |
| Type: | Parent Agency | Administrator | NICHOLAS NORWOOD | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/30/2012 | Owner Information |
| License # | 014927 | | | | | EPIC HEALTH SERVICES INC |
| Lic Expire | 01/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (512) 372-3777 | Fax | (512) 372-3336 | | | Services: |
| Type: | Parent Agency | Administrator | RICHARD SAMBROOK | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/25/2010 | Owner Information |
| License # | 013330 | | | | | EVEROSE HEALTHCARE INC |
| Lic Expire | 05/31/2018 | | | | | 11200 WESTHEIMER RD SUITE 100 |
| Medicare 1: | | | | | | HOUSTON, TX 77042 |
| Medicare 2: | | | | | | |
| Phone | (512) 323-6099 | Fax | (512) 323-6733 | | | Services: |
| Type: | Branch Agency | Administrator | TED NGUYEN | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 09/16/2015 | Owner Information |
| License # | 017032 | | | | | EXPECTATIONS UNSHACKLED LLC |
| Lic Expire | 09/30/2019 | | | | | 3621 W SLAUGHTER LANE APT#212 |
| Medicare 1: | | | | | | AUSTIN, TX 78749 |
| Medicare 2: | | | | | | |
| Phone | (512) 293-3959 | Fax | (737) 932-6087 | | | Services: |
| Type: | Parent Agency | Administrator | JEAN-PIERRE SMITH | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/02/1998 | Owner Information |
| License # | 006562 | | | | | FAMILY ELDERCARE INC |
| Lic Expire | 07/31/2019 | | | | | 1700 RUTHERFORD LN |
| Medicare 1: | | | | | | AUSTIN, TX 78754 |
| Medicare 2: | | | | | | |
| Phone | (512) 467-6168 | Fax | (512) 459-6436 | | | Services: |
| Type: | Parent Agency | Administrator | BARRY KENT HERRING | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/01/2005 | Owner Information |
| License # | 009685 | | | | | FC HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2019 | | | | | 608 MORROW STREET SUITE #102 |
| Medicare 1: | 679049 | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | |
| Phone | (512) 837-0447 | Fax | (512) 837-0039 | | | Services: |
| Type: | Parent Agency | Administrator | FELICIA C OJIYI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 04/19/2006 | Owner Information |
| License # | 010400 | | | | | FIRST DIVINE HOME HEALTHCARE AGENCY INC |
| Lic Expire | 04/30/2019 | | | | | 7901 CAMERON ROAD BLDG. 3 STE#302 |
| Medicare 1: | 679668 | | | | | AUSTIN, TX 78754 |
| Medicare 2: | | | | | | |
| Phone | (512) 251-7077 | Fax | (512) 990-8387 | | | Services: |
| Type: | Parent Agency | Administrator | MERCY O CHIMA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 12/10/2015 | Owner Information |
| License # | 017168 | | | | | NATIONAL NEPHROLOGY ASSOCIATES OF TEXAS L.P. |
| Lic Expire | 12/31/2017 | | | | | 12221 RENFERT WAY, SUITE#100 |
| Medicare 1: | | | | | | AUSTIN, TX 78758 |
| Medicare 2: | | | | | | |
| Phone | (512) 873-0346 | Fax | (512) 973-8786 | | | Services: |
| Type: | Parent Agency | Administrator | CHAD PIERCE | | | Licensed Home Health Services with Dialysis |
| County | TRAVIS | Region | 07 | Date Licensed | 10/20/2016 | Owner Information |
| License # | 017689 | | | | | FRIENDS AND FAMILY HEALTHCARE PLLC |
| Lic Expire | 10/31/2018 | | | | | 8801 WILLIAM WALLACE WAY |
| Medicare 1: | | | | | | AUSTIN, TX 78754 |
| Medicare 2: | | | | | | |
| Phone | (512) 645-5952 | Fax | (512) 291-3414 | | | Services: |
| Type: | Parent Agency | Administrator | ALBERTA M JOHNSON | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011732 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (512) 454-3581 | Fax | (512) 453-1748 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE EBERWINE | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/06/2009 | Owner Information |
| License # | 012433 | | | | | OPENROAD MANAGEMENT INC |
| Lic Expire | 02/28/2019 | | | | | 2900 SOUTH CONGRESS SUITE 104 |
| Medicare 1: | | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | |
| Phone | (512) 462-1398 | Fax | (512) 462-1921 | | | Services: |
| Type: | Parent Agency | Administrator | MARY JO STRICKLAND | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/06/2007 | Owner Information |
| License # | 011573 | | | | | OHERBST INC |
| Lic Expire | 07/31/2018 | | | | | 13737 NOEL ROAD SUITE 1400 |
| Medicare 1: | 67Q7153009 | | | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | |
| Phone | (512) 863-3842 | Fax | (512) 863-2018 | | | Services: |
| Type: | Branch Agency | Administrator | CRYSTAL CALLAHAM | | | Licensed and Certified Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/01/2011 | Owner Information |
| License # | 014207 | | | | | GUCCI HEALTHCARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 111 WEST ANDERSON LANE, STE#D220 |
| Medicare 1: | 747927 | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | |
| Phone | (512) 567-8276 | Fax | (512) 582-0112 | | | Services: |
| Type: | Parent Agency | Administrator | GODWIN DURU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 03/13/2012 | Owner Information |
| License # | 014688 | | | | | HALCYON HOME LLC |
| Lic Expire | 03/31/2018 | | | | | 8133 MESA DRIVE SUITE#100 |
| Medicare 1: | 747931 | | | | | AUSTIN, TX 78731 |
| Medicare 2: | 741538 | | | | | |
| Phone | (512) 815-9009 | Fax | (512) 233-5161 | | | Services: |
| Type: | Parent Agency | Administrator | TANYA ROBERTS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | | Owner Information |
| License # | | | | | | HALO SENIOR CARE |
| Lic Expire | | | | | | 2101 S INTERSTATE 35 SUITE 211 |
| Medicare 1: | | | | | | AUSTIN, TX 78741 |
| Medicare 2: | | | | | | |
| Phone | (512) 212-7212 | Fax | (512) 355-1940 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA WEST-KATZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 10/21/2011 | Owner Information |
| License # | 014433 | | | | | SOUTH AUSTIN SENIOR CARE LLC |
| Lic Expire | 10/31/2017 | | | | | 2101 S INTERSTATE 35, SUITE#211 |
| Medicare 1: | | | | | | AUSTIN, TX 78741 |
| Medicare 2: | | | | | | |
| Phone | (512) 212-7212 | Fax | (512) 355-1940 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA WEST-KATZ | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 05/03/2007 | Owner Information |
| License # | 011306 | | | | | HARBOR HOSPICE OF AUSTIN LP |
| Lic Expire | 05/31/2019 | | | | | 3406 COLLEGE ST #200 |
| Medicare 1: | 671630 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (512) 443-7100 | Fax | (512) 443-7109 | | | Services: |
| Type: | Parent Agency | Administrator | PATTY KLAERNER | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 05/15/2013 | Owner Information |
| License # | 015542 | | | | | HARBOR HOSPICE OF GEORGETOWN LP |
| Lic Expire | 05/31/2019 | | | | | 3406 COLLEGE ST #200 |
| Medicare 1: | | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | |
| Phone | (512) 443-7100 | Fax | (512) 443-7109 | | | Services: |
| Type: | Parent Agency | Administrator | PATTY KLAERNER | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 08/29/2013 | Owner Information |
| License # | 015766 | | | | | HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 200 |
| Medicare 1: | 747658 | | | | | AUGUSTA, GA 30903 |
| Medicare 2: | | | | | | |
| Phone | (512) 323-2324 | Fax | (512) 323-2793 | | | Services: |
| Type: | Parent Agency | Administrator | DENA BARTZ | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/08/2013 | Owner Information |
| License # | 015952 | | | | | HEART TO HEART HOSPICE OF AUSTIN LTD |
| Lic Expire | 10/31/2019 | | | | | 7240 CHASE OAKS BLVD., |
| Medicare 1: | 671529 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | |
| Phone | (512) 707-2600 | Fax | (512) 707-2688 | | | Services: |
| Type: | Parent Agency | Administrator | ADAM CURRIE | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 05/26/2005 | Owner Information |
| License # | 009777 | | | | | VERDOORN INC |
| Lic Expire | 05/31/2018 | | | | | 3300 BEE CAVES SUITE 650 #128 |
| Medicare 1: | | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | |
| Phone | (512) 402-1119 | Fax | (512) 263-9104 | | | Services: |
| Type: | Parent Agency | Administrator | JULIETTE ELIDA VERDOORN | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/21/2009 | Owner Information |
| License # | 012728 | | | | | AUSTIN HOME CARE ASSISTANCE LLC |
| Lic Expire | 07/31/2019 | | | | | 9707 ANDERSON MILL RD STE 345 |
| Medicare 1: | | | | | | AUSTIN, TX 78750 |
| Medicare 2: | | | | | | |
| Phone | (512) 623-7800 | Fax | (512) 551-0323 | | | Services: |
| Type: | Parent Agency | Administrator | ANDREW HODGE | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/27/2013 | Owner Information |
| License # | 015956 | | | | | MBH SENIOR CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 3301 NORTHLAND DRIVE, SUITE#105 |
| Medicare 1: | | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (512) 347-9207 | Fax | (512) 347-9227 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA BUDWIT | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 09/28/2007 | Owner Information |
| License # | 011643 | | | | | HOME THERAPY OF AUSTIN LLC |
| Lic Expire | 09/30/2019 | | | | | 3724 EXECUTIVE CENTER BLDG. 9 SUITE 220 |
| Medicare 1: | 679646 | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (512) 637-1550 | Fax | (512) 637-1551 | | | Services: |
| Type: | Parent Agency | Administrator | KATELYN VINKLAREK | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/17/2017 | Owner Information |
| License # | 017971 | | | | | HEMOCARE DIMENSIONS INC |
| Lic Expire | 02/28/2019 | | | | | 12500 NETWORK BLVD SUITE 210 |
| Medicare 1: | 67Q8191001 | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | |
| Phone | (512) 973-9540 | Fax | (512) 973-9323 | | | Services: |
| Type: | Branch Agency | Administrator | KATHIE MASTEN | | | Licensed and Certified Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/16/2015 | Owner Information |
| License # | 016857 | | | | | ICB ENTERPRISES CORPORATION |
| Lic Expire | 06/30/2019 | | | | | 6609 HANSA LOOP |
| Medicare 1: | | | | | | AUSTIN, TX 78739 |
| Medicare 2: | | | | | | |
| Phone | (512) 400-2333 | Fax | (512) 400-2334 | | | Services: |
| Type: | Parent Agency | Administrator | RAPHAEL HERNANDEZ | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/29/2016 | Owner Information |
| License # | 017489 | | | | | HOPE & GRACE HOSPICE INC |
| Lic Expire | 06/30/2018 | | | | | 13740 N HIGHWAY 183 BUILDING H UNIT 1 |
| Medicare 1: | 741667 | | | | | AUSTIN, TX 78750 |
| Medicare 2: | | | | | | |
| Phone | (512) 358-4222 | Fax | (512) 250-8896 | | | Services: |
| Type: | Parent Agency | Administrator | ANGELA N NJOKU | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 10/01/1986 | Owner Information |
| License # | 001791 | | | | | HOSPICE AUSTIN |
| Lic Expire | 09/30/2019 | | | | | 4107 SPICEWOOD SPRINGS ROAD |
| Medicare 1: | 451515 | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (512) 342-4700 | Fax | (512) 795-9053 | | | Services: |
| Type: | Parent Agency | Administrator | MARJORIE MULANAX | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 10/06/1997 | Owner Information |
| License # | 001791 | | | | | HOSPICE AUSTIN |
| Lic Expire | 09/30/2019 | | | | | 4107 SPICEWOOD SPRINGS ROAD |
| Medicare 1: | 451515 | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (512) 322-0747 | Fax | (512) 477-7970 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARJORIE MULANAX | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 01/17/2014 | Owner Information |
| License # | 013855 | | | | | CLP REGENCY OF TEXAS, LLC |
| Lic Expire | 01/31/2019 | | | | | 10 CADILLAC DRIVE STE 400 |
| Medicare 1: | 671628 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | |
| Phone | (512) 462-0538 | Fax | (512) 462-0565 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | DAWN KINDHART | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 02/03/2016 | Owner Information |
| License # | 017252 | | | | | IDEAL SENIOR CARE LLC |
| Lic Expire | 02/28/2018 | | | | | 510 SOUTH CONGRESS AVE., STE#110 |
| Medicare 1: | | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | |
| Phone | (512) 284-7819 | Fax | (512) 727-5889 | | | Services: |
| Type: | Parent Agency | Administrator | MUSU TURAY | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 04/02/2009 | Owner Information |
| License # | 012535 | | | | | INHOME CARE INC |
| Lic Expire | 04/30/2019 | | | | | 808 W INDIANA |
| Medicare 1: | 679305 | | | | | MIDLAND, TX 79701 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 821-2224 | Fax | (512) 821-2335 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHAEL WATERS | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 05/29/2015 | Owner Information |
| License # | 017045 | | | | | ACCORD HOME CARE INC. |
| Lic Expire | 05/31/2019 | | | | | 14295 MIDWAY RD., STE#400 |
| Medicare 1: | 678232 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 246-1451 | Fax | (512) 246-1453 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARK STELLE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/06/2017 | Owner Information |
| License # | 017966 | | | | | HEALTH SENSE HOME CARE, INC. |
| Lic Expire | 01/31/2019 | | | | | 14295 MIDWAY ROAD, SUITE #400 |
| Medicare 1: | 743173 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 474-8885 | Fax | (512) 474-8886 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | MARK STELLE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 08/31/2009 | Owner Information |
| License # | 012824 | | | | | JOY QUALITY HOMECARE INC |
| Lic Expire | 08/31/2019 | | | | | P O BOX 180412 |
| Medicare 1: | 747492 | | | | | AUSTIN, TX 78718 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 278-0053 | Fax | (512) 278-9428 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARITY ANYATONWU | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/17/2006 | Owner Information |
| License # | 010617 | | | | | K & J SUNSHINE HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 1101 PURPLE MARTIN DRIVE |
| Medicare 1: | 679734 | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 990-8027 | Fax | (512) 458-8027 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JANE DIKE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011739 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 457050 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 342-0331 | Fax | (512) 206-4414 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | COREY HURT | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/11/2002 | Owner Information |
| License # | 007845 | | | | | ODYSSEY HEALTHCARE OPERATING A LP |
| Lic Expire | 02/29/2020 | | | | | 12900 FOSTER STREET SUITE 400 |
| Medicare 1: | 451715 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 651-9227 | Fax | (512) 380-9385 | | | Hospice |
| Type: | Parent Agency | Administrator | CHERYL MCLAURIN | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 08/06/2015 | Owner Information |
| License # | 017207 | | | | | ALL ABOUT YOU HOME CARE SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 2013 WELLS BRANCH PARKWAY STE#304 |
| Medicare 1: | | | | | | AUSTIN, TX 78728 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 459-5631 | Fax | (512) 459-8497 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PRISCILLA RITCHIE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 03/05/2013 | Owner Information |
| License # | 015414 | | | | | ADVANCE HI-TECH NURSING INC |
| Lic Expire | 03/31/2019 | | | | | 6243 IH 10 WEST SUITE #375 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78201 |
| Medicare 2: | | | | | | Services: |
| Phone | (877) 434-3153 | Fax | (877) 463-1310 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | REBECCA EMERY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 10/06/2016 | Owner Information |
| License # | 017668 | | | | | LIFESPRING IN-HOME HEALTH LLC |
| Lic Expire | 10/31/2018 | | | | | 500 EAST 4TH STREET #313 |
| Medicare 1: | | | | | | AUSTIN, TX 78701 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 206-4250 | Fax | | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | AMY PETTY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 10/28/2009 | Owner Information |
| License # | 011059 | | | | | LITTLE ENGINE HOME CARE INC |
| Lic Expire | 02/28/2018 | | | | | 3201 CHERRY RIDGE DRIVE SUITE D-400 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 342-0222 | Fax | (512) 343-0223 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ASCHWIN A POL | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 08/09/2010 | Owner Information |
| License # | 013520 | | | | | LONGHORN VILLAGE |
| Lic Expire | 08/31/2018 | | | | | 12501 LONGHORN PARKWAY |
| Medicare 1: | | | | | | AUSTIN, TX 78732 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 266-5600 | Fax | (512) 597-2964 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTORIA MASTRODICASA | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/05/2018 | Owner Information |
| License # | 018548 | | | | | LONGHORNS INHOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 7901 CAMERON ROAD BUILDING 3 SUITE 372 |
| Medicare 1: | | | | | | AUSTIN, TX 78754 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 296-2556 | Fax | (512) 296-2579 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BARBARA NARANJO | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 10/14/2011 | Owner Information |
| License # | 014425 | | | | | LOVING GRACE HEALTH CARE INC |
| Lic Expire | 10/31/2019 | | | | | 111 WEST ANDERSON LANE, STE#D204 |
| Medicare 1: | 747947 | | | | | AUSTIN, TX 78752 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 673-9362 | Fax | (512) 670-1168 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLASIMBO OBAWOLE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012913 | | | | | MAXIM HEALTHCARE SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 7227 LEE DEFOREST DRIVE |
| Medicare 1: | | | | | | COLUMBIA, MD 21046 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 340-0171 | Fax | (866) 431-5957 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICTORIANA DEARMOND | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 03/02/2010 | Owner Information |
| License # | 013142 | | | | | MOM'S BEST FRIEND INC |
| Lic Expire | 03/31/2018 | | | | | 1101CAPITAL OF TEXAS HWY S BLDG H #200 |
| Medicare 1: | | | | | | AUTIN, TX 78746 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 797-1505 | Fax | (512) 346-1134 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANDREA GIBSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 08/09/1994 | Owner Information |
| License # | 003605 | | | | | HELPING THE AGING NEEDY AND DISABLED INC |
| Lic Expire | 08/31/2018 | | | | | 1640 B EAST 2ND STREET STE#200 |
| Medicare 1: | | | | | | AUSTIN, TX 78702 |
| Medicare 2: | | | | | | |
| Phone | (512) 477-3796 | Fax | (512) 477-6437 | | | Services: |
| Type: | Parent Agency | Administrator | MARSHA WIER | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/19/2013 | Owner Information |
| License # | 015876 | | | | | MERIDA HOSPICE OF AUSTIN LLC |
| Lic Expire | 11/30/2019 | | | | | P. O. BOX 1230 |
| Medicare 1: | 741676 | | | | | HARLINGEN, TX 78551 |
| Medicare 2: | | | | | | |
| Phone | (512) 962-8793 | Fax | (512) 852-4470 | | | Services: |
| Type: | Parent Agency | Administrator | HENRY MCINNIS | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 01/29/2014 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (512) 382-5083 | Fax | (800) 380-2217 | | | Services: |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/13/2015 | Owner Information |
| License # | 016600 | | | | | MGA HEALTHCARE TEXAS INC |
| Lic Expire | 01/31/2019 | | | | | 3131 E. CAMELBACK ROAD, SUITE#200 |
| Medicare 1: | | | | | | PHOENIX, AZ 85016 |
| Medicare 2: | | | | | | |
| Phone | (512) 872-2180 | Fax | (512) 872-2181 | | | Services: |
| Type: | Parent Agency | Administrator | DREW ALLISON | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/07/2013 | Owner Information |
| License # | 015128 | | | | | MGA HEALTHCARE TEXAS INC |
| Lic Expire | 07/31/2018 | | | | | 3131 E CAMELBACK RD SUITE 200 |
| Medicare 1: | | | | | | PHOENIX, AZ 85016 |
| Medicare 2: | | | | | | |
| Phone | (512) 872-2180 | Fax | (512) 872-2181 | | | Services: |
| Type: | Branch Agency | Administrator | KEVIN WEISS | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/19/2016 | Owner Information |
| License # | 017517 | | | | | ANGEL HEART HOSPICE LLC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 4060 |
| Medicare 1: | 671502 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (512) 342-8288 | Fax | (512) 342-8122 | | | Services: |
| Type: | Parent Agency | Administrator | ANDRES GONZALES | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 04/18/1984 | Owner Information |
| License # | 003114 | | | | | NEW HOPE HEALTH CARE INC |
| Lic Expire | 04/30/2019 | | | | | 2028 EAST BEN WHITE #324 |
| Medicare 1: | | | | | | AUSTIN, TX 78741 |
| Medicare 2: | | | | | | |
| Phone | (512) 442-7132 | Fax | (512) 442-7629 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA STINSON-SUNBURY | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/10/2017 | Owner Information |
| License # | 018368 | | | | | NCM PAS LLC |
| Lic Expire | 10/31/2019 | | | | | 3724 EXECUTIVE CENTER DRIVE SUITE 201 |
| Medicare 1: | | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (512) 338-4533 | Fax | (512) 338-4471 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN COLLIE | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 11/12/2013 | Owner Information |
| License # | 015865 | | | | | NURSES CASE MANAGEMENT, LLC |
| Lic Expire | 11/30/2019 | | | | | 3724 EXECUTIVE CENTER DRIVE, SUITE #201 |
| Medicare 1: | | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 338-4533 | Fax | (512) 338-4471 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANNE ADAMS | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/29/2015 | Owner Information |
| License # | 016942 | | | | | NURSES UNLIMITED INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 4534 |
| Medicare 1: | | | | | | ODESSA, TX 79760 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 380-9339 | Fax | (512) 380-9165 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SAMANTHA YOUNG | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/12/2009 | Owner Information |
| License # | 012448 | | | | | OLIVER HOME HEALTHCARE AGENCY LLC |
| Lic Expire | 02/28/2019 | | | | | P O BOX 4647 |
| Medicare 1: | | | | | | AUSTIN, TX 78765 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 494-5896 | Fax | (512) 605-3719 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOHN C OLIVER III | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/10/2017 | Owner Information |
| License # | 018152 | | | | | ONEHOPE THERAPY CENTERS LLC |
| Lic Expire | 07/31/2019 | | | | | 40 N IH 35 SUITE 2C1 |
| Medicare 1: | | | | | | AUSTIN, TX 78701 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 993-6808 | Fax | | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CHRISTIAN ALVAREZ | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/15/2015 | Owner Information |
| License # | 017099 | | | | | BOYD EBEST VENTURES LLC |
| Lic Expire | 09/30/2019 | | | | | 7600 BURNET ROAD, STE#105 |
| Medicare 1: | | | | | | AUSTIN, TX 78757 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 522-2949 | Fax | (512) 852-6776 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIRGINIA EBEST | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 11/28/2001 | Owner Information |
| License # | 007810 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 11/30/2018 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 835-6150 | Fax | (512) 339-7906 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | EVELYN COOKE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/03/2016 | Owner Information |
| License # | 017255 | | | | | PATIENT'S PREMIER CHOICE LLC |
| Lic Expire | 02/28/2018 | | | | | PO BOX 140917 |
| Medicare 1: | | | | | | AUSTIN, TX 78713 |
| Medicare 2: | | | | | | Services: |
| Phone | (885) 905-0222 | Fax | (512) 904-0222 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CRISTAL FINKE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 11/10/2014 | Owner Information |
| License # | 016519 | | | | | TOTS IN TOW LLC |
| Lic Expire | 11/30/2018 | | | | | 12617 LEE PARK LANE |
| Medicare 1: | | | | | | AUSTIN, TX 78732 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 777-4092 | Fax | (866) 311-9885 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | DON MANICCIA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 07/03/2012 | Owner Information |
| License # | 015151 | | | | | COUNTRY STYLE HEALTH CARE LLC |
| Lic Expire | 07/31/2018 | | | | | P. O BOX 99278 |
| Medicare 1: | 677950 | | | | | TROY, MI 48099 |
| Medicare 2: | | | | | | |
| Phone | (512) 374-0700 | Fax | (855) 618-6655 | | | Services: |
| Type: | Parent Agency | Administrator | JULIE LOEPP | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/27/2017 | Owner Information |
| License # | 018465 | | | | | RMBW CONSULTING LLC |
| Lic Expire | 11/30/2019 | | | | | 8127 MESA DR #B-206-299 |
| Medicare 1: | | | | | | AUSTIN, TX 78759 |
| Medicare 2: | | | | | | |
| Phone | (512) 721-1093 | Fax | (512) 366-8199 | | | Services: |
| Type: | Parent Agency | Administrator | RHONE R MCCALL | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 12/07/2017 | Owner Information |
| License # | 018494 | | | | | PROVIDER CARE AT HOME LLC |
| Lic Expire | 12/31/2019 | | | | | 1714 FORTVIEW RD #106E |
| Medicare 1: | | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | |
| Phone | (210) 850-7592 | Fax | (210) 504-7908 | | | Services: |
| Type: | Parent Agency | Administrator | SHANE MILLER | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/13/1998 | Owner Information |
| License # | 006537 | | | | | PEDIATRIC SERVICES OF AMERICA INC |
| Lic Expire | 02/28/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | 677661 | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | |
| Phone | (512) 248-0400 | Fax | (512) 248-0441 | | | Services: |
| Type: | Parent Agency | Administrator | THOMAS BURKE | | | Licensed and Certified Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/09/2014 | Owner Information |
| License # | 013858 | | | | | PT HOME SERVICES OF SAN ANTONIO INC |
| Lic Expire | 12/31/2018 | | | | | 40 NE LOOP 410 SUITE 640 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (512) 501-5757 | Fax | (512) 383-8820 | | | Services: |
| Type: | Branch Agency | Administrator | JAMES GRISMORE | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 12/14/2016 | Owner Information |
| License # | 017964 | | | | | TEXAS ACCEPTANCE HOME HEALTHCARE, LLC |
| Lic Expire | 12/31/2018 | | | | | 3724 EXECUTIVE CENTER DRIVE STE 250 |
| Medicare 1: | 747604 | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (512) 219-0233 | Fax | (512) 219-1110 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES D FRITSCHEN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/20/2015 | Owner Information |
| License # | 016651 | | | | | TLC HOSPICE OF AUSTIN LLC |
| Lic Expire | 02/28/2019 | | | | | 3724 EXECUTIVE DRIVE |
| Medicare 1: | 741620 | | | | | AUSTIN, TX 78731 |
| Medicare 2: | | | | | | |
| Phone | (504) 841-2209 | Fax | (504) 828-8025 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES FRITSCHEN | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 11/07/2012 | Owner Information |
| License # | 015185 | | | | | REDBUD HOMECARE SERVICES LLC |
| Lic Expire | 11/30/2018 | | | | | 16222 OAK GROVE ROAD SUITE#2A |
| Medicare 1: | | | | | | BUDA, TX 78610 |
| Medicare 2: | | | | | | |
| Phone | (512) 523-8245 | Fax | (512) 692-2530 | | | Services: |
| Type: | Parent Agency | Administrator | ANNE WALKER-MCBAY | | | Personal Assistance Services |

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|-------------|----------------|---------------|----------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 09/12/2011 | Owner Information |
| License # | 014687 | | | | | REHAB WITHOUT WALLS INC |
| Lic Expire | 09/30/2019 | | | | | 9901 LINN STATION ROAD |
| Medicare 1: | | | | | | LOUISVILLE, KY 40223 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 299-3998 | Fax | (972) 869-3581 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KELLY RAMSEY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 07/03/2007 | Owner Information |
| License # | 011453 | | | | | RESOLUTIONS HOSPICE |
| Lic Expire | 07/31/2018 | | | | | 11825 BUCKNER RD |
| Medicare 1: | 671631 | | | | | AUSTIN, TX 78726 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 343-5555 | Fax | (512) 628-6183 | | | Hospice |
| Type: | Parent Agency | Administrator | KARALI CARTER | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 06/18/2008 | Owner Information |
| License # | 009621 | | | | | RESOURCE CARE CORPORATION |
| Lic Expire | 07/31/2018 | | | | | 7211 REGENCY SQUARE #116 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 837-4600 | Fax | (512) 837-4607 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ROSE NWABUISI | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 05/19/2008 | Owner Information |
| License # | 009828 | | | | | MANAGEMENT & BUSINESS ASSOCIATES INC |
| Lic Expire | 02/28/2019 | | | | | 7330 SAN PEDRO STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 707-1070 | Fax | (512) 707-1722 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KIMBERLY ELLEN MOYER | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 04/29/2009 | Owner Information |
| License # | 012568 | | | | | EDWIN YOUNG HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 5555 N. LAMAR BLVD., SUITE #C111 |
| Medicare 1: | | | | | | AUSTIN, TX 78751 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 465-9900 | Fax | (512) 465-9901 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CASEY DONAHO-WAGNOR | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/27/2012 | Owner Information |
| License # | 011545 | | | | | RIVERKIDS HOUSTON THERAPY, LLC |
| Lic Expire | 08/31/2018 | | | | | 2540 E BROADWAY, SUITE K |
| Medicare 1: | | | | | | PEARLAND, TX 77581 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 431-4721 | Fax | (888) 291-1132 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | LANCE MONTGOMERY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 05/01/2014 | Owner Information |
| License # | 016399 | | | | | LAGNIAPPE HEALTH CARE INVESTMENTS LLC |
| Lic Expire | 04/30/2018 | | | | | 609 CASTLE RIDGE ROAD, SUITE#300 |
| Medicare 1: | 677433 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | 451614 | | | | | Services: |
| Phone | (512) 328-7606 | Fax | (512) 328-1028 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | STEPHANIE RICE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/01/1999 | Owner Information |
| License # | 007053 | | | | | ROSY HEALTH CARE SERVICES INC |
| Lic Expire | 12/31/2019 | | | | | 3724 AIRPORT BLVD |
| Medicare 1: | | | | | | AUSTIN, TX 78722 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 251-7555 | Fax | (512) 719-0908 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSEMARY UZUH | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 08/19/2002 | Owner Information |
| License # | 008065 | | | | | ROSY IN HOME SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 3724 AIRPORT BLVD |
| Medicare 1: | 679338 | | | | | AUSTIN, TX 78722 |
| Medicare 2: | | | | | | |
| Phone | (512) 479-1820 | Fax | (512) 719-0908 | | | Services: |
| Type: | Parent Agency | Administrator | ROSEMARY UZUH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/16/2017 | Owner Information |
| License # | 017925 | | | | | SEASON OF PEACE LLC |
| Lic Expire | 02/28/2019 | | | | | 13216 HIGH SIERRA ST |
| Medicare 1: | | | | | | MANOR, TX 78653 |
| Medicare 2: | | | | | | |
| Phone | (737) 346-8743 | Fax | (844) 487-7757 | | | Services: |
| Type: | Parent Agency | Administrator | ROCHELLE HORTON | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 03/27/2013 | Owner Information |
| License # | 015450 | | | | | SENIOR SITTERS LLC |
| Lic Expire | 03/31/2019 | | | | | 11475 BRISTLE OAK TRAIL |
| Medicare 1: | | | | | | AUSTIN, TX 78750 |
| Medicare 2: | | | | | | |
| Phone | (512) 250-5800 | Fax | (512) 250-5801 | | | Services: |
| Type: | Parent Agency | Administrator | YVETTE ESPINOZA | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/21/2011 | Owner Information |
| License # | 014436 | | | | | COMFORTMINDED HOME CARE TEXAS LLC |
| Lic Expire | 10/31/2019 | | | | | 1717 WEST SIXTH STREET STE#235 |
| Medicare 1: | | | | | | AUSTIN, TX 78703 |
| Medicare 2: | | | | | | |
| Phone | (512) 428-4100 | Fax | (866) 231-4101 | | | Services: |
| Type: | Parent Agency | Administrator | MARK ELSEA | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 07/11/2016 | Owner Information |
| License # | 016739 | | | | | SETON HIGHLAND LAKES HOME HEALTH LLC |
| Lic Expire | 03/31/2019 | | | | | 309 INDUSTRIAL BOULEVARD |
| Medicare 1: | 67Q7154001 | | | | | BURNET, TX 78611 |
| Medicare 2: | | | | | | |
| Phone | (512) 863-3842 | Fax | (844) 809-2238 | | | Services: |
| Type: | Branch Agency | Administrator | CINDY RASNICK | | | Licensed and Certified Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 03/05/2015 | Owner Information |
| License # | 016740 | | | | | SETON HIGHLAND LAKES HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 309 INDUSTRIAL BOULEVARD |
| Medicare 1: | 451543 | | | | | BURNET, TX 78611 |
| Medicare 2: | | | | | | |
| Phone | (512) 756-8003 | Fax | (512) 756-8046 | | | Services: |
| Type: | Parent Agency | Administrator | CINDY RASNICK | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 03/28/2014 | Owner Information |
| License # | 016116 | | | | | SILVERADO HOSPICE OF HOUSTON INC |
| Lic Expire | 03/31/2018 | | | | | 6400 OAK CANYON #200 |
| Medicare 1: | 741539 | | | | | IRVINE, CA 92618 |
| Medicare 2: | | | | | | |
| Phone | (512) 827-6895 | Fax | (844) 210-4960 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA HAMILTON | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 02/15/2017 | Owner Information |
| License # | 017923 | | | | | SILVERHEART HOME CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 5606 CHADWYCK DRIVE |
| Medicare 1: | | | | | | AUSTIN, TX 78723 |
| Medicare 2: | | | | | | |
| Phone | (512) 507-2668 | Fax | (888) 865-4661 | | | Services: |
| Type: | Parent Agency | Administrator | DAN SILVER | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 02/05/2016 | Owner Information |
| License # | 017261 | | | | | SOAL HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2018 | | | | | 1333 SHORE DISTRICT DRIVE APT#1213 |
| Medicare 1: | | | | | | AUSTIN, TX 78741 |
| Medicare 2: | | | | | | |
| Phone | (512) 770-6293 | Fax | (888) 473-9584 | | | Services: |
| Type: | Parent Agency | Administrator | ALEJANDRA DELGADO | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/07/2011 | Owner Information |
| License # | 014142 | | | | | SONRISAS THERAPIES- PEDIATRIC HOME AND HEALTHCARE SERVICES LLC |
| Lic Expire | 06/30/2019 | | | | | 2100 EAST MARTIN LUTHER KING JR. BLVD., |
| Medicare 1: | | | | | | AUSTIN, TX 78702 |
| Medicare 2: | | | | | | |
| Phone | (512) 900-7934 | Fax | (152) 900-7954 | | | Services: |
| Type: | Parent Agency | Administrator | LAURA FROELICH | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/21/2012 | Owner Information |
| License # | 014885 | | | | | KIDS HOME CARE OF TEXAS INC |
| Lic Expire | 06/30/2018 | | | | | 1225 NORTH LOOP WEST SUITE 500 |
| Medicare 1: | | | | | | HOUSTON, TX 77008 |
| Medicare 2: | | | | | | |
| Phone | (512) 382-0222 | Fax | (512) 382-0222 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTA WEGER | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 04/30/2014 | Owner Information |
| License # | 016178 | | | | | URESTI ENDEAVORS INC |
| Lic Expire | 04/30/2018 | | | | | 7005 MITRA DRIVE |
| Medicare 1: | | | | | | AUSTIN, TX 78739 |
| Medicare 2: | | | | | | |
| Phone | (512) 872-6116 | Fax | (512) 872-6188 | | | Services: |
| Type: | Parent Agency | Administrator | ANITA URESTI | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 08/23/2013 | Owner Information |
| License # | 015962 | | | | | APPLIED HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 1600 BROADWAY, SUITE 700 |
| Medicare 1: | | | | | | DENVER, CO 80202 |
| Medicare 2: | | | | | | |
| Phone | (512) 637-4949 | Fax | (512) 637-4299 | | | Services: |
| Type: | Branch Agency | Administrator | DIANE SEATON | | | Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/16/2009 | Owner Information |
| License # | 012904 | | | | | TEXAS HOME CARE PARTNERS LLC |
| Lic Expire | 10/31/2019 | | | | | 3160 BEE CAVE RD STE#302 |
| Medicare 1: | | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | |
| Phone | (512) 358-4556 | Fax | (512) 358-4982 | | | Services: |
| Type: | Parent Agency | Administrator | DEBORAH GARCIA | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 12/11/2016 | Owner Information |
| License # | 017838 | | | | | TEXAS HOME HEALTH HOSPICE-AUSTIN LLC |
| Lic Expire | 12/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 671554 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | |
| Phone | (512) 372-4194 | Fax | (512) 372-4351 | | | Services: |
| Type: | Parent Agency | Administrator | ROGER DOYLE | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 11/17/2014 | Owner Information |
| License # | 016528 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 11/30/2018 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 634-1880 | Fax | (512) 634-1871 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEVEN CORTEZ | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 03/09/2001 | Owner Information |
| License # | 007587 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 03/31/2018 | | | | | 17855 NORTH DALLAS PARKWAY SUITE #200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 343-9690 | Fax | (512) 634-1871 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KATHLEEN ELIZONDO | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/30/2017 | Owner Information |
| License # | 018406 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 747786 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 326-1679 | Fax | (512) 326-1683 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANESSA NUNNELY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/28/2001 | Owner Information |
| License # | 007742 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679120 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 343-0093 | Fax | (512) 527-0407 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VANESSA NUNNELY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 08/19/2005 | Owner Information |
| License # | 007742 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 09/30/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9120002 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 343-0093 | Fax | (512) 527-0407 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VANESSA NUNNELY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 12/07/2017 | Owner Information |
| License # | 018493 | | | | | THE MEDICAL TEAM INC |
| Lic Expire | 12/31/2019 | | | | | 45 N E LOOP 410 SUITE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 418-9555 | Fax | (512) 418-9777 | | | Hospice |
| Type: | Parent Agency | Administrator | ANGELA CHRISTINE SCHMIDT | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 06/29/2000 | Owner Information |
| License # | 007354 | | | | | THE MEDICAL TEAM INC |
| Lic Expire | 06/30/2019 | | | | | 45 N E LOOP 410 SUITE 800 |
| Medicare 1: | 679078 | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 418-9555 | Fax | (512) 418-9777 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELA CHRISTINE SCHMIDT | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/05/2002 | Owner Information |
| License # | 007838 | | | | | CUSTOM CARE TEAM INC |
| Lic Expire | 02/28/2019 | | | | | 84 N. E. LOOP 410, STE#250 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 985-9058 | Fax | (512) 985-9343 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ANGELA CHRISTINE SCHMIDT | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|---|
| County | TRAVIS | Region | 07 | Date Licensed | 11/01/2016 | Owner Information |
| License # | 017864 | | | | | FIRST CHOICE CHILDRENS HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 500 EGewater DRIVE SUITE 578 |
| Medicare 1: | | | | | | WAKEFIELD, MA 01880 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 828-3990 | Fax | (512) 795-9847 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | JOSEPH VALDEZ | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/15/2014 | Owner Information |
| License # | 016424 | | | | | TOTAL CARE PROVIDER LLC |
| Lic Expire | 09/30/2018 | | | | | 510 S CONGRESS AVENUE STE#110 |
| Medicare 1: | | | | | | AUSTIN, TX 78704 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 215-8150 | Fax | (800) 569-2785 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MUSU TURAY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 03/30/2017 | Owner Information |
| License # | 017976 | | | | | VICKIE'S HOME CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 13785 RESEARCH BLVD SUITE 125 |
| Medicare 1: | | | | | | AUSTIN, TX 78750 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 655-2139 | Fax | (512) 655-2102 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ISAAC ADUSEI | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 05/30/2007 | Owner Information |
| License # | 011429 | | | | | ANGELITOS DE SALUD LLC |
| Lic Expire | 05/31/2018 | | | | | 2601 N QUINLAN PARK RD SUITE 404 |
| Medicare 1: | | | | | | AUSTIN, TX 78732 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 452-8282 | Fax | (512) 452-8289 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA GUERRERO | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 02/08/2017 | Owner Information |
| License # | 018074 | | | | | AVERY INVESTMENTS OF AUSTIN LLC |
| Lic Expire | 02/28/2019 | | | | | 9811 ANDERSON MILL RD #175 |
| Medicare 1: | | | | | | AUSTIN, TX 78750 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 250-2103 | Fax | (512) 250-2126 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MELANIE FRENCH | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 11/28/2012 | Owner Information |
| License # | 015235 | | | | | VIVA MEDICAL GROUP LLC |
| Lic Expire | 11/30/2018 | | | | | 3400 WATERVIEW PARKWAY SUITE 115 |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 518-2310 | Fax | (512) 518-2311 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CRISTINA CABEZAS RUIZ | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 04/10/2017 | Owner Information |
| License # | 012487 | | | | | VIVICARE HEALTH PARTNERS INC |
| Lic Expire | 03/31/2019 | | | | | 255 NORTH CENTER STREET, SUITE 102 |
| Medicare 1: | | | | | | ARLINGTON, TX 76011 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 910-2473 | Fax | (512) 290-9219 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | CASEY LOBATO | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 09/15/2014 | Owner Information |
| License # | 016568 | | | | | WESTLAKE CAREGIVERS LLC |
| Lic Expire | 09/30/2018 | | | | | 1011 WESTLAKE DRIVE #201 |
| Medicare 1: | | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 329-0001 | Fax | (512) 329-0023 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARTHA CASE BURGESS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 02/07/2018 | <u>Owner Information</u> |
| License # | 012728 | | | | | AUSTIN HOME CARE ASSISTANCE LLC |
| Lic Expire | 07/31/2019 | | | | | 9707 ANDERSON MILL RD STE 345 |
| Medicare 1: | | | | | | AUSTIN, TX 78750 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 623-7800 | Fax | (512) 551-0323 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | ANDREW HODGE | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 06/03/2014 | <u>Owner Information</u> |
| License # | 016423 | | | | | GPM HOME CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 51 COTTONDALE ROAD |
| Medicare 1: | | | | | | AUSTIN, TX 78738 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 402-9599 | Fax | (512) 402-9590 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | WILLIAM MASSEY | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 03/09/2017 | <u>Owner Information</u> |
| License # | 017945 | | | | | MUVE HOME HEALTH LLC |
| Lic Expire | 03/31/2019 | | | | | 5329 SERENE HILLS DRIVE SUITE 200 |
| Medicare 1: | | | | | | LAKEWAY, TX 78738 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 627-1392 | Fax | (888) 371-6578 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ISIAH GORDON | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 12/04/2003 | <u>Owner Information</u> |
| License # | 008795 | | | | | CENTRAL TEXAS CAREGIVERS INC |
| Lic Expire | 12/31/2017 | | | | | 1851 S LAKELINE BLVD #104-316 |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 917-2058 | Fax | (512) 597-0577 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SEANA WHEELER | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 01/09/2017 | <u>Owner Information</u> |
| License # | 018020 | | | | | STANDARDS HOSPICE INC |
| Lic Expire | 01/31/2019 | | | | | 111 W 2ND STREET |
| Medicare 1: | | | | | | CAMERON, TX 76520 |
| Medicare 2: | | | | | | Services: |
| Phone | (254) 284-0045 | Fax | (254) 697-4011 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ANGELA DUET | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 11/04/2016 | <u>Owner Information</u> |
| License # | 015699 | | | | | YOUR HOME HEALTH CARE LLC |
| Lic Expire | 08/31/2019 | | | | | 187 ELMHURST, SUITE C |
| Medicare 1: | | | | | | KYLE, TX 78640 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 786-4198 | Fax | (512) 597-0883 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | LAURIE PRATER | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 12/02/2014 | <u>Owner Information</u> |
| License # | 016658 | | | | | A-PRIME MEDICAL HOME HEALTH INC |
| Lic Expire | 12/31/2018 | | | | | 13419 U.S. HWY 290 EAST BLD#11 UNIT C,D |
| Medicare 1: | 747621 | | | | | MANOR, TX 78653 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 476-9600 | Fax | (512) 258-3555 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BIBIAN ONUORAH | | | |
| County | TRAVIS | Region | 07 | Date Licensed | 03/20/2007 | <u>Owner Information</u> |
| License # | 011166 | | | | | ADVENTIST HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 2401 PECAN STREET, W. SUITE#202 |
| Medicare 1: | 747081 | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 252-2280 | Fax | (512) 252-2281 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SABAINAH AKINNAWO | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 09/03/2015 | Owner Information |
| License # | 017013 | | | | | CATER-2-U HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 09/30/2019 | | | | | 14913 LIPTON LANE |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (512) 758-1032 | Fax | (512) 840-0477 | | | Services: |
| Type: | Parent Agency | Administrator | AKSHAY POHEKAR | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 12/22/2014 | Owner Information |
| License # | 016573 | | | | | FAITH STANDARD HEALTH SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 808 BUSLEIGH CASTLEWAY |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (469) 605-7229 | Fax | (512) 721-5048 | | | Services: |
| Type: | Parent Agency | Administrator | ESTHER TABENYANG | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/27/1997 | Owner Information |
| License # | 005778 | | | | | SYLVIA E INAMETI |
| Lic Expire | 06/30/2019 | | | | | 17105 BISHOPS GATE DRIVE |
| Medicare 1: | 459475 | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (512) 990-2425 | Fax | (512) 990-2684 | | | Services: |
| Type: | Parent Agency | Administrator | PAUL INAMETI | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 01/22/2018 | Owner Information |
| License # | 018566 | | | | | ICARE PREMIUM SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 901 NEW MEISTER LANE APT 921 |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (678) 524-8697 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTOPHER E GRAHAM | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/01/2003 | Owner Information |
| License # | 008312 | | | | | CAPITAL HOMECARE LP |
| Lic Expire | 01/31/2019 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | 457174 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (512) 454-5711 | Fax | (512) 467-9050 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA CAIN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/28/2003 | Owner Information |
| License # | 008716 | | | | | CAPITAL HOMECARE LP |
| Lic Expire | 10/31/2018 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (512) 454-5711 | Fax | (512) 467-9050 | | | Services: |
| Type: | Parent Agency | Administrator | RHONDA CAIN | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 11/05/2009 | Owner Information |
| License # | 012962 | | | | | FALCON SOUTH PLAINS HOSPICE LP |
| Lic Expire | 11/30/2017 | | | | | 5224 75TH STREET SUITE D |
| Medicare 1: | 671669 | | | | | LUBBOCK, TX 79424 |
| Medicare 2: | | | | | | |
| Phone | (210) 308-7026 | Fax | (210) 614-5079 | | | Services: |
| Type: | Parent Agency | Administrator | BRENDA EAKIN | | | Hospice |
| County | TRAVIS | Region | 07 | Date Licensed | 04/25/2016 | Owner Information |
| License # | 017366 | | | | | O.N.E. STEP HEALTHCARE INC |
| Lic Expire | 04/30/2018 | | | | | 12800 HARRISGLENN DRIVE #932 |
| Medicare 1: | | | | | | AUSTIN, TX 78753 |
| Medicare 2: | | | | | | |
| Phone | (512) 736-6821 | Fax | (512) 532-6109 | | | Services: |
| Type: | Parent Agency | Administrator | CHIOMA J EBICHI | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|----------------------|---------------|------------|--|
| County | TRAVIS | Region | 07 | Date Licensed | 12/29/2016 | Owner Information |
| License # | 017825 | | | | | PARADISE PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 3100 DUSTY CHISOLM TRAIL |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (512) 585-7634 | Fax | (512) 585-7634 | | | Services: |
| Type: | Parent Agency | Administrator | KAIF HAQ | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 10/18/2012 | Owner Information |
| License # | 015416 | | | | | PARV 1ST CHOICE HOME HEALTH CARE INC |
| Lic Expire | 10/31/2018 | | | | | 509 CATUMET DR |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (512) 669-8187 | Fax | (512) 518-3585 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA OKHUOZAGBON | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 02/14/2003 | Owner Information |
| License # | 008324 | | | | | PATRICIA E NWOKO |
| Lic Expire | 02/28/2019 | | | | | 1107 STATLER BEND DRIVE |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (512) 589-3115 | Fax | (512) 990-8013 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA E NWOKO | | | Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 09/26/2017 | Owner Information |
| License # | 018340 | | | | | PROPEdia HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 804 RUNNERS RIDGE |
| Medicare 1: | | | | | | PFLUGERVILLE, TX 78660 |
| Medicare 2: | | | | | | |
| Phone | (512) 487-9635 | Fax | (512) 551-4007 | | | Services: |
| Type: | Parent Agency | Administrator | FELIX NTAH | | | Licensed Home Health Services, Personal Assistance Services |
| County | TRAVIS | Region | 07 | Date Licensed | 06/26/2008 | Owner Information |
| License # | 012075 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 45Q7096003 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (254) 405-6800 | Fax | (317) 741-1559 | | | Services: |
| Type: | Branch Agency | Administrator | MARCIA LOWE | | | Licensed and Certified Home Health Services |
| County | TRINITY | Region | 05 | Date Licensed | 03/03/1999 | Owner Information |
| License # | 002409 | | | | | A PINEYWOODS HOME HEALTH CARE INC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 1743 |
| Medicare 1: | 67Q7545004 | | | | | LUFKIN, TX 75902 |
| Medicare 2: | | | | | | |
| Phone | (936) 642-0700 | Fax | (936) 642-1089 | | | Services: |
| Type: | Branch Agency | Administrator | KERRI L GRIFFIN | | | Licensed and Certified Home Health Services |
| County | TRINITY | Region | 05 | Date Licensed | 02/24/2004 | Owner Information |
| License # | 008929 | | | | | LYNETTE WRIGHT INCORPORATED |
| Lic Expire | 02/28/2018 | | | | | 1069 SPUR 357 |
| Medicare 1: | 453146 | | | | | KENNARD, TX 75847 |
| Medicare 2: | | | | | | |
| Phone | (936) 831-3400 | Fax | (936) 831-3404 | | | Services: |
| Type: | Parent Agency | Administrator | LYNETTE WRIGHT | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TYLER | Region | 05 | Date Licensed | 10/13/1995 | Owner Information |
| License # | 004081 | | | | | EAST TEXAS HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | 14046 MAIN ST |
| Medicare 1: | 678137 | | | | | CHESTER, TX 75936 |
| Medicare 2: | | | | | | |
| Phone | (936) 969-2103 | Fax | (936) 969-2101 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTA JERNIGAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | TYLER | Region | 05 | Date Licensed | 05/08/2008 | Owner Information |
| License # | 012132 | | | | | EAST TEXAS MANAGEMENT LLC |
| Lic Expire | 05/31/2019 | | | | | 708 SOUTHVIEW CIRCLE |
| Medicare 1: | 679071 | | | | | CENTER, TX 75935 |
| Medicare 2: | | | | | | |
| Phone | (936) 969-2157 | Fax | (936) 969-2785 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTA M JERNIGAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | TYLER | Region | 05 | Date Licensed | 11/21/2011 | Owner Information |
| License # | 014479 | | | | | 1ST QUALITY HOSPICE LLC |
| Lic Expire | 11/30/2019 | | | | | 716 WEST BLUFF STREET |
| Medicare 1: | 671729 | | | | | WOODVILLE, TX 75979 |
| Medicare 2: | | | | | | |
| Phone | (409) 331-9909 | Fax | (409) 331-9913 | | | Services: |
| Type: | Parent Agency | Administrator | JANET KEITH | | | Hospice |
| County | TYLER | Region | 05 | Date Licensed | 06/01/2009 | Owner Information |
| License # | 012677 | | | | | AC & JW INC |
| Lic Expire | 05/31/2019 | | | | | 101 NORTH PECAN STREET |
| Medicare 1: | 677428 | | | | | WOODVILLE, TX 75979 |
| Medicare 2: | | | | | | |
| Phone | (409) 283-3600 | Fax | (409) 283-7126 | | | Services: |
| Type: | Parent Agency | Administrator | ROBBYE DAVIS | | | Licensed and Certified Home Health Services |
| County | TYLER | Region | 05 | Date Licensed | 12/01/2016 | Owner Information |
| License # | 017893 | | | | | HOMECARE SOLUTIONS OF EAST TEXAS INC |
| Lic Expire | 11/30/2018 | | | | | 718 WEST BLUFF |
| Medicare 1: | 679222 | | | | | WOODVILLE, TX 75979 |
| Medicare 2: | | | | | | |
| Phone | (409) 331-9492 | Fax | (409) 331-9490 | | | Services: |
| Type: | Parent Agency | Administrator | ROBBYE DAVIS | | | Licensed and Certified Home Health Services |
| County | TYLER | Region | 05 | Date Licensed | 07/28/2015 | Owner Information |
| License # | 015498 | | | | | HOMESIGHT OF TEXAS BEAUMONT LLC |
| Lic Expire | 01/31/2019 | | | | | 11115 A EASTEX FREEWAY |
| Medicare 1: | | | | | | BEAUMONT, TX 77708 |
| Medicare 2: | | | | | | |
| Phone | (409) 224-0591 | Fax | (888) 241-0835 | | | Services: |
| Type: | Branch Agency | Administrator | STEPHANIE CLOUD | | | Licensed Home Health Services |
| County | UPSHUR | Region | 04 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010659 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 04/30/2018 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 67Q7037001 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 843-4320 | Fax | (903) 843-4318 | | | Services: |
| Type: | Branch Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | UPSHUR | Region | 04 | Date Licensed | 01/20/2006 | Owner Information |
| License # | 010252 | | | | | GUARDIAN ANGELS HOME HEALTHCARE AGENCY INC |
| Lic Expire | 01/31/2019 | | | | | 7155 FM 1649 |
| Medicare 1: | 677924 | | | | | GILMER, TX 75645 |
| Medicare 2: | | | | | | |
| Phone | (903) 680-2330 | Fax | (903) 680-2355 | | | Services: |
| Type: | Parent Agency | Administrator | JOCELYN MOTT TURNER | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | UPSHUR | Region | 04 | Date Licensed | 10/13/2015 | Owner Information |
| License # | 017073 | | | | | STAYKARE SOLUTIONS LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 1 |
| Medicare 1: | | | | | | GILMER, TX 75644 |
| Medicare 2: | | | | | | |
| Phone | (903) 680-0657 | Fax | (903) 680-0657 | | | Services: |
| Type: | Parent Agency | Administrator | NANCY JEAN HOOKS | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|----------------|---------------|---------------------|---------------|------------|---|
| County | UVALDE | Region | 08 | Date Licensed | 07/15/2009 | Owner Information |
| License # | 010629 | | | | | AXIOM HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 5002 WEST AVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 278-9100 | Fax | (830) 278-9101 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TORRIE L COMMERFORD | | | |
| County | UVALDE | Region | 08 | Date Licensed | 07/18/2008 | Owner Information |
| License # | 002798 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 278-8108 | Fax | (830) 278-1859 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ADRIANE RUMFIELD | | | |
| County | UVALDE | Region | 08 | Date Licensed | 08/01/2005 | Owner Information |
| License # | 009908 | | | | | EN SU CASA PRIMARY HOME CARE INC |
| Lic Expire | 07/31/2019 | | | | | 401 S. PRESA ST., |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78205 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 591-2313 | Fax | (830) 591-2311 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | LINDA SMITH | | | |
| County | UVALDE | Region | 08 | Date Licensed | 11/13/1995 | Owner Information |
| License # | 002170 | | | | | LOPEZ HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2209 NORTH HIGHWAY 83 |
| Medicare 1: | 67Q7290001 | | | | | CRYSTAL CITY, TX 78839 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 757-3525 | Fax | (830) 757-0876 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | AMPARO LOPEZ | | | |
| County | UVALDE | Region | 08 | Date Licensed | 04/26/2006 | Owner Information |
| License # | 003516 | | | | | LOPEZ HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2209 NORTH HIGHWAY 83 |
| Medicare 1: | | | | | | CRYSTAL CITY, TX 78839 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 374-9800 | Fax | (830) 591-9425 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VICTOR LOPEZ | | | |
| County | UVALDE | Region | 08 | Date Licensed | 03/05/2015 | Owner Information |
| License # | 008267 | | | | | RIO BRAVO HEALTH SYSTEM LLC |
| Lic Expire | 11/30/2019 | | | | | P O BOX 5805 |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 278-8370 | Fax | (830) 278-2900 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | VICTOR A GONZALEZ | | | |
| County | UVALDE | Region | 08 | Date Licensed | 02/14/2011 | Owner Information |
| License # | 013889 | | | | | SUPERIOR HOME HEALTH OF EAGLE PASS LLC |
| Lic Expire | 08/31/2018 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 45Q9377002 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 773-1014 | Fax | (830) 773-1440 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | PATSY BISCAINO | | | |
| County | UVALDE | Region | 08 | Date Licensed | 02/14/1995 | Owner Information |
| License # | 003630 | | | | | UVALDE COUNTY HOSPITAL AUTHORITY |
| Lic Expire | 02/28/2019 | | | | | 1025 GARNER FIELD ROAD |
| Medicare 1: | 451675 | | | | | UVALDE, TX 78801 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 278-6691 | Fax | (830) 278-7533 | | | Hospice |
| Type: | Parent Agency | Administrator | HEIDI E. MATHEWSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|---------------------|---------------|------------|---|
| County | VAL VERDE | Region | 08 | Date Licensed | 11/21/2011 | <u>Owner Information</u> |
| License # | 010629 | | | | | AXIOM HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 5002 WEST AVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 757-8900 | Fax | (830) 757-8902 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TORRIE L COMMERFORD | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 06/30/2015 | <u>Owner Information</u> |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 469-3882 | Fax | (210) 298-0133 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 01/13/2004 | <u>Owner Information</u> |
| License # | 008855 | | | | | CARECETERA HOME CARE INC |
| Lic Expire | 01/31/2020 | | | | | 711 S MAIN ST |
| Medicare 1: | | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 775-6858 | Fax | (830) 469-1987 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSIE PHILLIPS | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 12/17/2013 | <u>Owner Information</u> |
| License # | 016133 | | | | | CARTER HEALTHCARE OF DEL RIO, LLC |
| Lic Expire | 12/31/2019 | | | | | 2409 VETERANS BOULEVARD |
| Medicare 1: | 679357 | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 778-5566 | Fax | (830) 778-5588 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DAVID BERNARD | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 09/20/2016 | <u>Owner Information</u> |
| License # | 017639 | | | | | DEL RIO GRANDE HOME HEALTHCARE, LLC |
| Lic Expire | 09/30/2018 | | | | | 1302 W GARZA STREET |
| Medicare 1: | | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 469-1108 | Fax | (830) 469-3051 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAYRA RODRIGUEZ | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 01/31/2000 | <u>Owner Information</u> |
| License # | 007353 | | | | | VAL VERDE HOSPITAL CORPORATION |
| Lic Expire | 01/31/2018 | | | | | 801 N BEDELL AVENUE |
| Medicare 1: | 451604 | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 774-4580 | Fax | (830) 774-2485 | | | Hospice |
| Type: | Parent Agency | Administrator | CECILIA LOZANO | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 01/07/2010 | <u>Owner Information</u> |
| License # | 011260 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 774-2121 | Fax | (830) 775-6103 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JACLYN SCHULTZ | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 11/19/2009 | <u>Owner Information</u> |
| License # | 013049 | | | | | LA GUADALUPANA PRIMARY HOME CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 338 N MONROE STREET |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 768-3300 | Fax | (830) 768-3344 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | RICHARD GARZA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | VAL VERDE | Region | 08 | Date Licensed | 11/17/1994 | Owner Information |
| License # | 003516 | | | | | LOPEZ HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2209 NORTH HIGHWAY 83 |
| Medicare 1: | | | | | | CRYSTAL CITY, TX 78839 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 774-0069 | Fax | (830) 774-0112 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VICTOR LOPEZ | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 03/05/2015 | Owner Information |
| License # | 008267 | | | | | RIO BRAVO HEALTH SYSTEM LLC |
| Lic Expire | 11/30/2019 | | | | | P O BOX 5805 |
| Medicare 1: | | | | | | EAGLE PASS, TX 78852 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 768-7707 | Fax | (830) 768-1702 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | VICTOR A GONZALEZ | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 07/30/2012 | Owner Information |
| License # | 007241 | | | | | RESOURCE HEALTH SERVICES INC |
| Lic Expire | 08/31/2018 | | | | | 7211 REGENCY SQUARE BLVD SUITE 102 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | Services: |
| Phone | (713) 981-4389 | Fax | (832) 252-8119 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | ROSE NWABUISI | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 09/01/2010 | Owner Information |
| License # | 013889 | | | | | SUPERIOR HOME HEALTH OF EAGLE PASS LLC |
| Lic Expire | 08/31/2018 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 45Q9377001 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 773-1014 | Fax | (830) 773-1440 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | PATSY BISCAINO | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 11/08/2011 | Owner Information |
| License # | 014458 | | | | | SUPERIOR HOSPICE OF DEL RIO LLC |
| Lic Expire | 11/30/2017 | | | | | 8000 VANTAGE DRIVE |
| Medicare 1: | 671748 | | | | | SAN ANTONIO, TX 78230 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 775-7104 | Fax | (830) 774-7282 | | | Hospice |
| Type: | Parent Agency | Administrator | PATSY BISCAINO | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 03/01/1990 | Owner Information |
| License # | 002109 | | | | | VAL VERDE HOME NURSES INC |
| Lic Expire | 02/28/2018 | | | | | 2116 VETERANS BOULEVARD |
| Medicare 1: | | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 774-2198 | Fax | (830) 774-5178 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERT GARZA | | | |
| County | VAL VERDE | Region | 08 | Date Licensed | 01/04/2017 | Owner Information |
| License # | 018262 | | | | | MALTOR HEALTHCARE SYSTEMS LLC |
| Lic Expire | 01/31/2019 | | | | | 513 N BEDELL AVE |
| Medicare 1: | | | | | | DEL RIO, TX 78840 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 320-8008 | Fax | (830) 320-8008 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CARLA MALTOS | | | |
| County | VAN ZANDT | Region | 04 | Date Licensed | 08/29/2016 | Owner Information |
| License # | 015841 | | | | | APEX HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 6888 N CENTRAL EXPRESSWAY SUITE 1300 |
| Medicare 1: | 671733 | | | | | DALLAS, TX 75206 |
| Medicare 2: | | | | | | Services: |
| Phone | (214) 383-7443 | Fax | (214) 383-7448 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ADAM ALGER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|------------------|---------------|--------------------|---------------|------------|--|
| County | VAN ZANDT | Region | 04 | Date Licensed | 12/14/2001 | Owner Information |
| License # | 007685 | | | | | NORTHEAST TEXAS HOME HEALTH AGENCY LTD |
| Lic Expire | 07/31/2018 | | | | | 506 HWY 79 NORTH |
| Medicare 1: | 67Q9076002 | | | | | HENDERSON, TX 75652 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 567-2454 | Fax | (903) 567-6151 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RHONDA KELLY | | | |
| County | VAN ZANDT | Region | 04 | Date Licensed | 03/31/2015 | Owner Information |
| License # | 016834 | | | | | DIERKSEN HOSPICE LLC |
| Lic Expire | 03/31/2019 | | | | | 2703 SHILLING |
| Medicare 1: | 671567 | | | | | TEXARKANA, TX 75503 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 962-7597 | Fax | (903) 962-3406 | | | Hospice |
| Type: | Parent Agency | Administrator | SHAUN DIERKSEN | | | |
| County | VAN ZANDT | Region | 04 | Date Licensed | 10/23/2012 | Owner Information |
| License # | 015155 | | | | | HEALTH AT HOME SERVICES INC |
| Lic Expire | 10/31/2018 | | | | | PO BOX 453 |
| Medicare 1: | 747828 | | | | | VAN, TX 75790 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 963-1300 | Fax | (888) 958-5845 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LANAE MORGAN | | | |
| County | VAN ZANDT | Region | 04 | Date Licensed | 09/11/2006 | Owner Information |
| License # | 010730 | | | | | GOLDEN YEARS HOMECARE SPECIALIST INCORPORATED |
| Lic Expire | 09/30/2018 | | | | | 106 NORTH FOURTH STREET |
| Medicare 1: | 679683 | | | | | WILLS POINT, TX 75169 |
| Medicare 2: | | | | | | Services: |
| Phone | (903) 873-2770 | Fax | (903) 873-6291 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CALVIN CUNIGAN | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 02/09/2004 | Owner Information |
| License # | 008427 | | | | | E MEDICAL GROUP INC |
| Lic Expire | 04/30/2018 | | | | | 2803 7TH STREET |
| Medicare 1: | 67Q9345002 | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 485-2105 | Fax | (361) 485-2150 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | ANGELA CRAWFORD | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 04/04/2016 | Owner Information |
| License # | 017714 | | | | | ARISCO HOME HEALTHCARE SERVICES INC |
| Lic Expire | 04/30/2018 | | | | | 118 NORTH MAIN STREET SUITE C |
| Medicare 1: | 677934 | | | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 573-3377 | Fax | (361) 573-3388 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | NNENNA UGBOAJA | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 07/03/2014 | Owner Information |
| License # | 016298 | | | | | BKD PERSONAL ASSISTANCE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 111 WESTWOOD PLACE SUITE 400 |
| Medicare 1: | | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 582-2100 | Fax | (361) 582-2220 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ASHLEY ESCOBAR | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 12/30/2003 | Owner Information |
| License # | 008831 | | | | | SCHAAR FAMILY LIMITED PARTNERSHIP |
| Lic Expire | 12/31/2019 | | | | | 103 E RED RIVER ST |
| Medicare 1: | | | | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 575-1117 | Fax | (361) 575-1118 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHANNE WILLIAMS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-----------------|---------------|--------------------|---------------|------------|--|
| County | VICTORIA | Region | 08 | Date Licensed | 11/22/2011 | <u>Owner Information</u> |
| License # | 013850 | | | | | CARTER HEALTHCARE OF CENTRAL TEXAS LLC |
| Lic Expire | 10/31/2018 | | | | | 2163 STEPHENS PLACE |
| Medicare 1: | | | | | | NEW BRAUNFELS, TX 78130 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 625-9837 | Fax | (830) 625-2194 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | JAMES BRIAN CARTER | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 08/24/2017 | <u>Owner Information</u> |
| License # | 018286 | | | | | CITIZENS MEDICAL CENTER COUNTY OF VICTORIA |
| Lic Expire | 08/31/2019 | | | | | PO BOX 1846 |
| Medicare 1: | 457024 | | | | | VICTORIA, TX 77902 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 579-1305 | Fax | (361) 579-1311 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DIANE CRABTREE | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 05/01/2012 | <u>Owner Information</u> |
| License # | 014889 | | | | | SK WYATT INC |
| Lic Expire | 04/30/2018 | | | | | P. O. BOX 7920 |
| Medicare 1: | | | | | | VICTORIA, TX 77903 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 578-7778 | Fax | (361) 578-5248 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TRACY MORGAN | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 12/19/2008 | <u>Owner Information</u> |
| License # | 012523 | | | | | VICTORIA TEXAS HOME CARE SERVICES LLC |
| Lic Expire | 12/31/2018 | | | | | 6502 NURSERY DRIVE STE#303 |
| Medicare 1: | 457503 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 578-2436 | Fax | (361) 572-4350 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHATONYA ARNOLD | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 04/10/2007 | <u>Owner Information</u> |
| License # | 011246 | | | | | CROWN HOSPICE LLC |
| Lic Expire | 04/30/2019 | | | | | 1101 SALEM ROAD SUITE #A #B #C #D |
| Medicare 1: | 671581 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 575-5900 | Fax | (361) 575-5905 | | | Hospice |
| Type: | Parent Agency | Administrator | JOANNA COUNTRYMAN | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 03/24/1997 | <u>Owner Information</u> |
| License # | 005420 | | | | | THE DEVEREUX FOUNDATION |
| Lic Expire | 03/31/2019 | | | | | 444 DEVEREUX DRIVE |
| Medicare 1: | | | | | | VILLANOVA, PA 19085 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 575-8271 | Fax | (361) 575-6520 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PAT HAUSMANN | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 03/26/2015 | <u>Owner Information</u> |
| License # | 016790 | | | | | KLW & FRIENDS LLC |
| Lic Expire | 03/31/2019 | | | | | P. BOX 4802 |
| Medicare 1: | 677920 | | | | | VICTORIA, TX 77903 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 575-4500 | Fax | (361) 575-4502 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LISA ARMSTRONG | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 06/11/2012 | <u>Owner Information</u> |
| License # | 014870 | | | | | HARBOR HOSPICE OF VICTORIA LP |
| Lic Expire | 06/30/2018 | | | | | 3406 COLLEGE STREET SUITE 200 |
| Medicare 1: | 741502 | | | | | BEAUMONT, TX 77701 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 579-7120 | Fax | (361) 894-8707 | | | Hospice |
| Type: | Parent Agency | Administrator | CHALICE MILLER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------------------------|---------------|------------|---|
| County | VICTORIA | Region | 08 | Date Licensed | 05/10/2013 | Owner Information |
| License # | 015535 | | HOME INSTEAD | | | S&C SENIOR CARE LLC |
| Lic Expire | 05/31/2019 | | 104 REGENCY | | | 607 FERNGLADE DRIVE |
| Medicare 1: | | | VICTORIA, TX 77904 | | | RICHMOND, TX 77406 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 433-0330 | Fax | (361) 570-5961 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | STEPHANIE NILES | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 08/04/2017 | Owner Information |
| License # | 001930 | | HOSPICE OF SOUTH TEXAS INC | | | HOSPICE OF SOUTH TEXAS INC |
| Lic Expire | 06/30/2019 | | 1005 MALLETT DR | | | 605 EAST LOCUST |
| Medicare 1: | 451525 | | VICTORIA, TX 77904 | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 572-4300 | Fax | (361) 572-8109 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | TERRY ROBINSON | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 06/22/1988 | Owner Information |
| License # | 001930 | | HOSPICE OF SOUTH TEXAS INC | | | HOSPICE OF SOUTH TEXAS INC |
| Lic Expire | 06/30/2019 | | 605 EAST LOCUST | | | 605 EAST LOCUST |
| Medicare 1: | 451525 | | VICTORIA, TX 77901 | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 572-4300 | Fax | (361) 570-0908 | | | Hospice |
| Type: | Parent Agency | Administrator | TERRY ROBINSON | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 11/30/2007 | Owner Information |
| License # | 011735 | | KINDRED AT HOME | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2019 | | 1501 EAST MOCKINGBIRD LANE SUITE 301 | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | 457126 | | VICTORIA, TX 77904 | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 576-2179 | Fax | (361) 578-4972 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | DEANNA LEWIS | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 10/01/2013 | Owner Information |
| License # | 015828 | | KINDRED HOSPICE | | | PF DEVELOPMENT 23, LLC |
| Lic Expire | 09/30/2019 | | 1501 E. MOCKINGBIRD LANE, SUITE 301B | | | 12900 FOSTER SUITE #400 |
| Medicare 1: | 671539 | | VICTORIA, TX 77901 | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 488-3019 | Fax | (979) 216-8238 | | | Hospice |
| Type: | Parent Agency | Administrator | JOSHUA LASATER | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 01/19/2016 | Owner Information |
| License # | 017441 | | NEW CENTURY HOSPICE OF SOUTH TEXAS | | | COSMOS HOSPICE OF CORPUS CHRISTI LLC |
| Lic Expire | 01/31/2020 | | 1908 N LAURENT #570 | | | PO BOX 4060 |
| Medicare 1: | | | VICTORIA, TX 77901 | | | MOORESVILLE, TX 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 572-0622 | Fax | (361) 572-0674 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | SCOTT DINKENS | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 10/24/2013 | Owner Information |
| License # | 007332 | | OUTREACH HOME CARE | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | 4405 LILAC LANE | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | VICTORIA, TX 77901 | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 578-3632 | Fax | (361) 573-6328 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TRACIE PHELPS | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 12/21/2009 | Owner Information |
| License # | 013045 | | SENIOR HELPERS | | | SUCCURRO INC |
| Lic Expire | 12/31/2019 | | 502 W COLORADO STE B | | | 502 W COLORADO STE B |
| Medicare 1: | | | VICTORIA, TX 77901 | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 894-8901 | Fax | (361) 894-8905 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | WENDY MCHANEY | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-----------------|---------------|---------------------|---------------|------------|--|
| County | VICTORIA | Region | 08 | Date Licensed | 04/29/2015 | Owner Information |
| License # | 016780 | | | | | TEXAS HOME HEALTH OF AMERICA LP |
| Lic Expire | 04/30/2019 | | | | | 17855 NORTH DALLAS PKWY SUITE 200 |
| Medicare 1: | | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 576-4683 | Fax | (361) 576-1018 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOLEAH GONZALES | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 03/26/2004 | Owner Information |
| License # | 008990 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 03/31/2019 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 673133 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 576-4683 | Fax | (361) 576-1018 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DE ANN MORENO | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 07/25/2006 | Owner Information |
| License # | 010635 | | | | | VICTORIAN HEALTHCARE SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 120 SOUTH MAIN # 317 |
| Medicare 1: | 679615 | | | | | VICTORIA, TX 77901 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 579-0085 | Fax | (361) 579-0161 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SEGUN OGUNGBEMI | | | |
| County | VICTORIA | Region | 08 | Date Licensed | 10/30/2015 | Owner Information |
| License # | 017112 | | | | | WORLD OF WORDS SPEECH & FEEDING SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | P. O. BOX 7174 |
| Medicare 1: | | | | | | VICTORIA, TX 77903 |
| Medicare 2: | | | | | | Services: |
| Phone | (361) 220-6455 | Fax | (361) 703-1135 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | BLANCA KUZET | | | |
| County | WALKER | Region | 06 | Date Licensed | 08/16/2012 | Owner Information |
| License # | 015131 | | | | | 1ST CHOICE HOSPICE, LLC |
| Lic Expire | 08/31/2018 | | | | | 3001 OLD HOUSTON ROAD |
| Medicare 1: | 671636 | | | | | HUNTSVILLE, TX 77340 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 295-7100 | Fax | (866) 594-8929 | | | Hospice |
| Type: | Parent Agency | Administrator | RICHARD PERRY DO | | | |
| County | WALKER | Region | 06 | Date Licensed | 10/11/2017 | Owner Information |
| License # | 018370 | | | | | BELIEVE THERAPIES HOME CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 18484 PRESTON RD., STE#102 PMB 102 |
| Medicare 1: | | | | | | DALLAS, TX 75252 |
| Medicare 2: | | | | | | Services: |
| Phone | (972) 422-1860 | Fax | (936) 715-3721 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA B. LISKA | | | |
| County | WALKER | Region | 06 | Date Licensed | 01/27/2012 | Owner Information |
| License # | 014620 | | | | | BURTON'S HOME HEALTH INC |
| Lic Expire | 01/31/2018 | | | | | 10479 PARKSIDE DRIVE |
| Medicare 1: | | | | | | WILLIS, TX 77318 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 439-5690 | Fax | (936) 439-5691 | | | Licensed Home Health Services, Personal Assistance Services, Hospice |
| Type: | Parent Agency | Administrator | CHARMAINE CHIN-QUEE | | | |
| County | WALKER | Region | 06 | Date Licensed | 06/14/2004 | Owner Information |
| License # | 009771 | | | | | CONSIDER THE LILIES HOME CARE, INC. |
| Lic Expire | 06/30/2018 | | | | | 3708 B WEST DAVIS |
| Medicare 1: | | | | | | CONROE, TX 77304 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 294-0900 | Fax | (936) 294-0901 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VICKI HOGAN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | WALKER | Region | 06 | Date Licensed | 04/02/1985 | Owner Information |
| License # | 001674 | | | | | HOME HEALTH CARE OF HUNTSVILLE CO |
| Lic Expire | 04/30/2019 | | | | | PO BOX 6548 |
| Medicare 1: | 679340 | | | | | HUNTSVILLE, TX 77342 |
| Medicare 2: | | | | | | |
| Phone | (936) 291-8439 | Fax | (936) 291-8582 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES DESHAW | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WALKER | Region | 06 | Date Licensed | 04/02/1985 | Owner Information |
| License # | 000688 | | | | | HOME HEALTH CARE OF HUNTSVILLE CO |
| Lic Expire | 04/30/2019 | | | | | PO BOX 6548 |
| Medicare 1: | | | | | | HUNTSVILLE, TX 77342 |
| Medicare 2: | | | | | | |
| Phone | (936) 291-8439 | Fax | (936) 291-8582 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES DESHAW | | | Licensed Home Health Services, Personal Assistance Services |
| County | WALKER | Region | 06 | Date Licensed | 02/06/2017 | Owner Information |
| License # | 015346 | | | | | HERITAGE HEALTH AND HOSPICE CARE LLC |
| Lic Expire | 08/31/2018 | | | | | 655 BRAWLEY SCHOOL ROAD, SUITE 200 |
| Medicare 1: | 671626 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | |
| Phone | (936) 337-0300 | Fax | (936) 755-2457 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JOSEPH HANCOCK | | | Hospice |
| County | WALKER | Region | 06 | Date Licensed | 12/04/2013 | Owner Information |
| License # | 016006 | | | | | STAT HOME HEALTH HOUSTON LLC |
| Lic Expire | 12/31/2017 | | | | | 10615 JEFFERSON HWY |
| Medicare 1: | 45Q8398002 | | | | | BATON ROUGE, LA 70809 |
| Medicare 2: | | | | | | |
| Phone | (281) 332-6492 | Fax | (281) 554-8236 | | | Services: |
| Type: | Branch Agency | Administrator | VICKI SUTTON | | | Licensed and Certified Home Health Services |
| County | WALKER | Region | 06 | Date Licensed | 12/04/2013 | Owner Information |
| License # | 016006 | | | | | STAT HOME HEALTH HOUSTON LLC |
| Lic Expire | 12/31/2017 | | | | | 10615 JEFFERSON HWY |
| Medicare 1: | 458398 | | | | | BATON ROUGE, LA 70809 |
| Medicare 2: | | | | | | |
| Phone | (281) 897-3595 | Fax | (281) 897-0319 | | | Services: |
| Type: | Parent Agency | Administrator | VICKI SUTTON | | | Licensed and Certified Home Health Services |
| County | WALKER | Region | 06 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018330 | | | | | TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC |
| Lic Expire | 07/31/2019 | | | | | 1605 ROCK PRAIRIE ROAD SUITE 206 |
| Medicare 1: | 67Q9189002 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | |
| Phone | (936) 293-8434 | Fax | (936) 293-8990 | | | Services: |
| Type: | Branch Agency | Administrator | AGNES BAILEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WALKER | Region | 06 | Date Licensed | 01/15/1993 | Owner Information |
| License # | 002485 | | | | | HOME HEALTH CARE OF HUNTSVILLE CO |
| Lic Expire | 01/31/2020 | | | | | PO BOX 6548 |
| Medicare 1: | 451574 | | | | | HUNTSVILLE, TX 77342 |
| Medicare 2: | | | | | | |
| Phone | (936) 291-8439 | Fax | (936) 291-8582 | | | Services: |
| Type: | Parent Agency | Administrator | JAMES DESHAW | | | Hospice |
| County | WALKER | Region | 06 | Date Licensed | 07/17/2012 | Owner Information |
| License # | 014937 | | | | | RYZOLVE LLC |
| Lic Expire | 07/31/2018 | | | | | 9309 HWY 75 S, SUITE #102 |
| Medicare 1: | | | | | | NEW WAVERLY, TX 77358 |
| Medicare 2: | | | | | | |
| Phone | (936) 355-9490 | Fax | (800) 295-5512 | | | Services: |
| Type: | Parent Agency | Administrator | OLUBUKUN OGUNDEJI | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|------------------|---------------|------------|--|
| County | WALKER | Region | 06 | Date Licensed | 10/28/2013 | Owner Information |
| License # | 015926 | | | | | HEART TO HEART HOSPICE OF HOUSTON, LLC. |
| Lic Expire | 10/31/2017 | | | | | 7240 CHASE OAKS BLVD. |
| Medicare 1: | 671660 | | | | | PLANO, TX 75025 |
| Medicare 2: | | | | | | Services: |
| Phone | (936) 294-0775 | Fax | (936) 294-0772 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | CLAUDIA THOMAS | | | |
| County | WALLER | Region | 06 | Date Licensed | 08/08/2014 | Owner Information |
| License # | 016364 | | | | | MICHELLE STAMPS |
| Lic Expire | 08/31/2018 | | | | | P O BOX 674 |
| Medicare 1: | | | | | | BROOKSHIRE, TX 77423 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 428-7283 | Fax | (832) 201-8782 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE STAMPS | | | |
| County | WALLER | Region | 06 | Date Licensed | 07/28/2017 | Owner Information |
| License # | 018209 | | | | | HUE GINGER PHAM |
| Lic Expire | 07/31/2019 | | | | | 14942 HAVENRIDGE DR. |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 907-1255 | Fax | (281) 476-6382 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | HUE GINGER PHAM | | | |
| County | WALLER | Region | 06 | Date Licensed | 12/30/2008 | Owner Information |
| License # | 012532 | | | | | FAITH AND CARE HOME HEALTH AGENCY INC |
| Lic Expire | 12/31/2018 | | | | | 845 1ST STREET |
| Medicare 1: | 457903 | | | | | HEMPSTEAD, TX 77445 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 826-2428 | Fax | (979) 826-3811 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GERALDINE COBURN | | | |
| County | WALLER | Region | 06 | Date Licensed | 03/03/1999 | Owner Information |
| License # | 006878 | | | | | MONICA DELORES SANCROFT |
| Lic Expire | 03/31/2019 | | | | | PO BOX 1071 |
| Medicare 1: | 679123 | | | | | HEMPSTEAD, TX 77445 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 826-3198 | Fax | (979) 826-3158 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MONICA SANCROFT | | | |
| County | WASHINGTON | Region | 07 | Date Licensed | 02/23/1996 | Owner Information |
| License # | 004333 | | | | | ADMINISTRATIVE MEDICAL ASSOCIATES INC |
| Lic Expire | 02/28/2018 | | | | | 348 STONE HILL DRIVE |
| Medicare 1: | 678304 | | | | | BRENNHAM, TX 77833 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 830-8383 | Fax | (979) 830-8188 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RUTH ANNE GURKA | | | |
| County | WASHINGTON | Region | 07 | Date Licensed | 11/16/2012 | Owner Information |
| License # | 015210 | | | | | GENTLETOUCH HEALTHCARE INC |
| Lic Expire | 11/30/2018 | | | | | 102 E ALAMO ST STE 201 |
| Medicare 1: | 747961 | | | | | BRENNHAM, TX 77833 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 353-1224 | Fax | (979) 383-2213 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | TONYON BOYO | | | |
| County | WASHINGTON | Region | 07 | Date Licensed | 03/16/2009 | Owner Information |
| License # | 011732 | | | | | GIRLING HEALTH CARE INC |
| Lic Expire | 11/30/2018 | | | | | 12900 FOSTER, SUITE#400 |
| Medicare 1: | | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 836-4714 | Fax | (979) 836-2883 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JULIE EBERWINE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | WASHINGTON | Region | 07 | Date Licensed | 07/23/2008 | Owner Information |
| License # | 012119 | | | | | CUNIGAN & HARRIS ASSOCIATES INC |
| Lic Expire | 07/31/2018 | | | | | 2501 MUSTANG ROAD |
| Medicare 1: | 747726 | | | | | BRENNHAM, TX 77833 |
| Medicare 2: | | | | | | |
| Phone | (979) 251-7705 | Fax | (979) 251-7648 | | | Services: |
| Type: | Parent Agency | Administrator | HELEN HARRIS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WASHINGTON | Region | 07 | Date Licensed | 02/11/1995 | Owner Information |
| License # | 002186 | | | | | HOSPICE BRAZOS VALLEY INC |
| Lic Expire | 02/28/2019 | | | | | 502 WEST 26TH STREET |
| Medicare 1: | 451547 | | | | | BRYAN, TX 77803 |
| Medicare 2: | | | | | | |
| Phone | (979) 277-9525 | Fax | (979) 277-9575 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | CRAIG BORCHARDT | | | Hospice |
| County | WASHINGTON | Region | 07 | Date Licensed | 12/04/2013 | Owner Information |
| License # | 012568 | | | | | EDWIN YOUNG HEALTHCARE INC |
| Lic Expire | 04/30/2019 | | | | | 5555 N. LAMAR BLVD., SUITE #C111 |
| Medicare 1: | | | | | | AUSTIN, TX 78751 |
| Medicare 2: | | | | | | |
| Phone | (979) 221-6685 | Fax | (979) 476-2000 | | | Services: |
| Type: | Branch Agency | Administrator | CASEY DONAHO-WAGNOR | | | Personal Assistance Services |
| County | WASHINGTON | Region | 07 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018330 | | | | | TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC |
| Lic Expire | 07/31/2019 | | | | | 1605 ROCK PRAIRIE ROAD SUITE 206 |
| Medicare 1: | 67Q9189001 | | | | | COLLEGE STATION, TX 77845 |
| Medicare 2: | | | | | | |
| Phone | (979) 830-0105 | Fax | (979) 830-0997 | | | Services: |
| Type: | Branch Agency | Administrator | AGNES BAILEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WASHINGTON | Region | 07 | Date Licensed | 09/30/2016 | Owner Information |
| License # | 017658 | | | | | TGI BROOK STREET INC |
| Lic Expire | 09/30/2018 | | | | | 114 E. ALAMO ST., SUITE#33 |
| Medicare 1: | | | | | | BRENNHAM, TX 77833 |
| Medicare 2: | | | | | | |
| Phone | (832) 491-7578 | Fax | (281) 762-0449 | | | Services: |
| Type: | Parent Agency | Administrator | OLUMIDE ADEBOWALE | | | Licensed Home Health Services, Personal Assistance Services |
| County | WASHINGTON | Region | 07 | Date Licensed | 06/04/2013 | Owner Information |
| License # | 015577 | | | | | PAT'S HOME HEALTH CARE, INC. |
| Lic Expire | 06/30/2019 | | | | | 9000 HWY 290E |
| Medicare 1: | | | | | | CHAPPELL HILL, TX 77426 |
| Medicare 2: | | | | | | |
| Phone | (713) 530-2933 | Fax | (832) 383-7973 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA OSTERHAUS | | | Licensed Home Health Services, Personal Assistance Services |
| County | WASHINGTON | Region | 07 | Date Licensed | 12/12/2016 | Owner Information |
| License # | 017780 | | | | | PAT'S HOSPICE INC |
| Lic Expire | 12/31/2018 | | | | | 9000 HIGHWAY 290 EAST |
| Medicare 1: | | | | | | CHAPPELL HILL, TX 77426 |
| Medicare 2: | | | | | | |
| Phone | (713) 530-2933 | Fax | (832) 383-7973 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA OSTERHAUS | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 10/01/2008 | Owner Information |
| License # | 012249 | | | | | ABC HOME HEALTH LLC |
| Lic Expire | 09/30/2018 | | | | | 709 EAST CALTON ROAD SUITE 109 |
| Medicare 1: | 747311 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 523-3749 | Fax | (956) 523-3750 | | | Services: |
| Type: | Parent Agency | Administrator | REYNALDO VALDEZ | | | Licensed and Certified Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 01/27/2017 | Owner Information |
| License # | 017886 | | | | | ALEGRIA QUALITY CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 220 CANYON OAK DR |
| Medicare 1: | | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 237-1976 | Fax | (956) 568-5105 | | | Services: |
| Type: | Parent Agency | Administrator | DARLINDA ANN VELASQUEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 12/01/2000 | Owner Information |
| License # | 007611 | | | | | JORGE AND MYRA ENTERPRISES INC |
| Lic Expire | 11/30/2019 | | | | | 1616 WASHINGTON ST |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 727-2169 | Fax | (956) 723-7000 | | | Services: |
| Type: | Parent Agency | Administrator | JORGE MADRIGALES | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/05/2017 | Owner Information |
| License # | 018362 | | | | | ALPHA PRIMARY CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 624 FOREST LOOP |
| Medicare 1: | | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 568-7701 | Fax | (956) 568-7733 | | | Services: |
| Type: | Parent Agency | Administrator | JACQUELINE HERRERA | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 07/31/2012 | Owner Information |
| License # | 015081 | | | | | ALTUS HOSPICE OF SOUTH TEXAS LP |
| Lic Expire | 07/31/2018 | | | | | 213 W VILLAGE BLVD STE 3 |
| Medicare 1: | 671614 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 718-3000 | Fax | (956) 722-3006 | | | Services: |
| Type: | Parent Agency | Administrator | YVONNE GARCIA | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 08/17/2011 | Owner Information |
| License # | 003177 | | | | | HUB CITY HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 506 VALLEY BROOK RD. STE 201 |
| Medicare 1: | 67Q7522003 | | | | | MCMURRAY, PA 15317 |
| Medicare 2: | | | | | | |
| Phone | (956) 795-1900 | Fax | (956) 795-1920 | | | Services: |
| Type: | Branch Agency | Administrator | DEBBIE ROBLES | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/16/2003 | Owner Information |
| License # | 008697 | | | | | AMISTAD HOME HEALTH INC |
| Lic Expire | 10/31/2019 | | | | | P O BOX 1728 |
| Medicare 1: | 679491 | | | | | LAREDO, TX 78044 |
| Medicare 2: | | | | | | |
| Phone | (956) 729-0949 | Fax | (956) 729-7963 | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS GARZA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/13/2011 | Owner Information |
| License # | 014398 | | | | | APC HOMEMAKER SERVICES |
| Lic Expire | 09/30/2019 | | | | | 5612 MALL DEL NORTE DR # 106 |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 726-4977 | Fax | (956) 791-9670 | | | Services: |
| Type: | Branch Agency | Administrator | JOVIE CANTU | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/28/2009 | Owner Information |
| License # | 012874 | | | | | AT YOUR SERVICE HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 1413 FARRAGUT STREET SUITE C |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 763-1833 | Fax | (956) 727-7801 | | | Services: |
| Type: | Parent Agency | Administrator | VELMA DECKER | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 05/05/2017 | Owner Information |
| License # | 010629 | | | | | AXIOM HOME HEALTH INC |
| Lic Expire | 07/31/2018 | | | | | 5002 WEST AVE |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78213 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 530-9111 | Fax | (210) 366-9072 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | TORRIE L COMMERFORD | | | |
| County | WEBB | Region | 11 | Date Licensed | 05/01/2003 | Owner Information |
| License # | 005782 | | | | | FIRST PRIMARY HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2809 SOUTH EXPRESSWAY 83 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (866) 725-6802 | Fax | (956) 725-1112 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MARCUS WILLIAMS | | | |
| County | WEBB | Region | 11 | Date Licensed | 10/31/2005 | Owner Information |
| License # | 010096 | | | | | BEST HEALTHCARE LLC |
| Lic Expire | 10/31/2018 | | | | | 1301 E GUSTAVUS STREET |
| Medicare 1: | 679547 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 712-4384 | Fax | (956) 712-8713 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAURILIO RODRIGUEZ JR | | | |
| County | WEBB | Region | 11 | Date Licensed | 04/10/2012 | Owner Information |
| License # | 014738 | | | | | D.A.N. HEALTH CARE LLC |
| Lic Expire | 04/30/2018 | | | | | PO BOX 440289 |
| Medicare 1: | 747936 | | | | | LAREDO, TX 78044 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 568-5900 | Fax | (956) 568-3538 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROXANA REYNA | | | |
| County | WEBB | Region | 11 | Date Licensed | 07/31/2012 | Owner Information |
| License # | 014967 | | | | | BIENVENIDOS ATTENDANT SERVICES INC |
| Lic Expire | 07/31/2018 | | | | | 1413 FARRAGUT STREET, SUITE B |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 727-7800 | Fax | (956) 727-7801 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | VELMA DECKER | | | |
| County | WEBB | Region | 11 | Date Licensed | 06/28/2007 | Owner Information |
| License # | 011437 | | | | | BORDER SKILLED SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 6425 POLARIS DRIVE STE. 11 |
| Medicare 1: | 747258 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 724-9999 | Fax | (956) 717-8854 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ALBERTO GARZA-GONGORA | | | |
| County | WEBB | Region | 11 | Date Licensed | 01/06/2011 | Owner Information |
| License # | 013807 | | | | | PW HEALTH SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 615A GALE STREET |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 712-9988 | Fax | (956) 791-4888 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | PATRICK WONG | | | |
| County | WEBB | Region | 11 | Date Licensed | 06/08/2010 | Owner Information |
| License # | 013381 | | | | | CTJ CARINO PRIMARY CARE LLC |
| Lic Expire | 06/30/2018 | | | | | 909 MARKET STREET, STE B |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 753-0008 | Fax | (956) 753-5677 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CELINDA GALLEGOS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 08/06/2013 | Owner Information |
| License # | 015689 | | | | | CARE GUARDIAN HEALTH SERVICES INC |
| Lic Expire | 08/31/2019 | | | | | 1701 JACAMAN RD SUITE RP8-F |
| Medicare 1: | 747960 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-5539 | Fax | (956) 725-5546 | | | Services: |
| Type: | Parent Agency | Administrator | YOLLY T JIMENEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 07/25/2007 | Owner Information |
| License # | 011500 | | | | | SEVENTEEN LAC INC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 450249 |
| Medicare 1: | 747295 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 727-1900 | Fax | (956) 727-1718 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA CANTU | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 04/17/2017 | Owner Information |
| License # | 018004 | | | | | CARIDAD HOME CARE SERVICES LLC |
| Lic Expire | 04/30/2019 | | | | | 802 GALVESTON STE C |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 791-0913 | Fax | (956) 284-0189 | | | Services: |
| Type: | Parent Agency | Administrator | SAN JUANITA N SANTOS | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 11/07/2017 | Owner Information |
| License # | 018429 | | | | | IMELDA GONZALEZ |
| Lic Expire | 11/30/2019 | | | | | 214 GRANADA DRIVE |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 324-0063 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | IMELDA GONZALEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/14/2012 | Owner Information |
| License # | 015067 | | | | | CASA DE NUESTRA GENTE INC |
| Lic Expire | 09/30/2018 | | | | | 1212 NORTH MEADOW AVENUE |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 753-6493 | Fax | (956) 712-0016 | | | Services: |
| Type: | Parent Agency | Administrator | SARALYSIA T BENAVIDES | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/06/1996 | Owner Information |
| License # | 004883 | | | | | CHAMPION CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1419 MARKET |
| Medicare 1: | 459052 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 712-2156 | Fax | (956) 727-7801 | | | Services: |
| Type: | Parent Agency | Administrator | YOLINDA TREVINO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/01/2013 | Owner Information |
| License # | 015784 | | | | | CHAMPION PALOMITA SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 116 MICHOCAN LOOP |
| Medicare 1: | | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 857-7086 | Fax | (956) 583-4621 | | | Services: |
| Type: | Parent Agency | Administrator | YOLINDA TREVINO | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/02/2013 | Owner Information |
| License # | 015787 | | | | | CHAMPION PRIMARY CARE INC |
| Lic Expire | 10/31/2019 | | | | | 116 MICHOCAN LOOP |
| Medicare 1: | | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 857-7086 | Fax | (956) 583-4621 | | | Services: |
| Type: | Parent Agency | Administrator | YOLINDA TREVINO | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 08/25/2017 | <u>Owner Information</u> |
| License # | 018279 | | | | | CHAMPION TELE-HEALTH SERVICES LLC |
| Lic Expire | 08/31/2019 | | | | | 1419 MARKET STREET |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 857-7086 | Fax | (956) 583-4621 | | | Services: |
| Type | Parent Agency | Administrator | YOLINDA TREVINO | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 12/10/2015 | <u>Owner Information</u> |
| License # | 017246 | | | | | CMV HOME HEALTH LLC |
| Lic Expire | 12/31/2019 | | | | | 7128 ROSSON LANE SUITE 5 |
| Medicare 1: | 457440 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 568-3120 | Fax | (956) 568-3876 | | | Services: |
| Type | Parent Agency | Administrator | ELIZABETH GAYTAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 10/07/2005 | <u>Owner Information</u> |
| License # | 010032 | | | | | COMMUNITY HOME CARE INC |
| Lic Expire | 10/31/2018 | | | | | 6108 MCPHERSON AVE SUITE 10 |
| Medicare 1: | 677968 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-3888 | Fax | (956) 725-3898 | | | Services: |
| Type | Parent Agency | Administrator | CRISTINA GOMEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 09/30/2001 | <u>Owner Information</u> |
| License # | 007772 | | | | | COMPLETE CHOICE CARE INC |
| Lic Expire | 09/30/2018 | | | | | 709 ALTA VISTA DRIVE SUITE 104 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-3270 | Fax | (956) 725-8812 | | | Services: |
| Type | Parent Agency | Administrator | BONIFACE EMEREMNU | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 01/28/2011 | <u>Owner Information</u> |
| License # | 013857 | | | | | DEL ALMA HOME HEALTH LLC |
| Lic Expire | 01/31/2019 | | | | | 5901 MCPHERSON ROAD SUITE 9A |
| Medicare 1: | 747852 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 753-8698 | Fax | (956) 791-0616 | | | Services: |
| Type | Parent Agency | Administrator | DIANA CASTILLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 07/24/2013 | <u>Owner Information</u> |
| License # | 015666 | | | | | DIVINAS MANOS HOME HEALTH LLC |
| Lic Expire | 07/31/2019 | | | | | 1103 CORPUS CHRISTI |
| Medicare 1: | 747953 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 728-8322 | Fax | (956) 728-8353 | | | Services: |
| Type | Parent Agency | Administrator | AMARO GUTIERREZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 07/14/2008 | <u>Owner Information</u> |
| License # | 012103 | | | | | DNA HH SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 6550 SPRINGFIELD AVE SUITE 203 |
| Medicare 1: | 747294 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 753-5800 | Fax | (956) 753-5801 | | | Services: |
| Type | Parent Agency | Administrator | DORA D SANCHEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | | <u>Owner Information</u> |
| License # | | | | | | DOMINGUEZ ROYAL PRIMARY HOME CARE LLC |
| Lic Expire | | | | | | 1315 E HILLSIDE RD SUITE 104 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 775-5824 | Fax | (956) 724-7849 | | | Services: |
| Type | Parent Agency | Administrator | RAUL DOMINGUEZ | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 08/19/2015 | Owner Information |
| License # | 016977 | | | | | DOMINION SENIOR SERVICES LLC |
| Lic Expire | 08/31/2017 | | | | | 6419 MCPHERSON ROAD SUITE H |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 568-3979 | Fax | (956) 568-4014 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA E. HINOJOSA | | | |
| County | WEBB | Region | 11 | Date Licensed | 02/10/2012 | Owner Information |
| License # | 014637 | | | | | U.S.D. RENAISSANCE LLC |
| Lic Expire | 02/29/2020 | | | | | 1020 CORPUS CHRISTI |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 723-5700 | Fax | (956) 825-2720 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ELISA SUSANNA DRUKER | | | |
| County | WEBB | Region | 11 | Date Licensed | 12/09/2005 | Owner Information |
| License # | 010185 | | | | | EN BUENAS MANOS PRIMARY CARE INC |
| Lic Expire | 12/31/2017 | | | | | 1319 E GUSTAVUS ST SUITE E |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 753-2273 | Fax | (956) 753-2274 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | CYNTHIA RAMIREZ | | | |
| County | WEBB | Region | 11 | Date Licensed | 12/23/2010 | Owner Information |
| License # | 014043 | | | | | PYRA MED HEALTH SERVICES, LLC |
| Lic Expire | 12/31/2018 | | | | | SIX CONCOURSE PARKWAY, SUITE 1100 |
| Medicare 1: | | | | | | ATLANTA, GA 30328 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 722-6221 | Fax | (956) 722-6275 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAURA MARTINEZ | | | |
| County | WEBB | Region | 11 | Date Licensed | 01/13/2012 | Owner Information |
| License # | 014576 | | | | | ESTRELLA PROVIDER SERVICES LLC |
| Lic Expire | 01/31/2020 | | | | | 6414 MCPHERSON RD #2 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 723-1234 | Fax | (866) 239-0666 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOSE CRESENCIO GONZALEZ | | | |
| County | WEBB | Region | 11 | Date Licensed | 10/24/2005 | Owner Information |
| License # | 010070 | | | | | EXCELLENT NURSING CARE PC |
| Lic Expire | 10/31/2018 | | | | | 802 GALVESTON SUITE C |
| Medicare 1: | 677941 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 725-2786 | Fax | (956) 723-9833 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DARLENE JIMENEZ | | | |
| County | WEBB | Region | 11 | Date Licensed | 09/19/2007 | Owner Information |
| License # | 011592 | | | | | FARIAS HOME HEALTH CARE LLC |
| Lic Expire | 09/30/2018 | | | | | 9803 STERLING LOOP UNIT 190 |
| Medicare 1: | 747093 | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 723-6903 | Fax | (956) 723-6916 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RAUL RODRIGUEZ | | | |
| County | WEBB | Region | 11 | Date Licensed | 04/24/2015 | Owner Information |
| License # | 016765 | | | | | FC PRIMARY HOME CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 3511 S MALINCHE |
| Medicare 1: | | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 568-6975 | Fax | (956) 568-6969 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHRISTINE MADRIGAL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 09/12/2017 | Owner Information |
| License # | 018312 | | | | | FIESTA PRIMARY HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 6508 N BARTLETT AVENUE SUITE E |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 727-9300 | Fax | (956) 726-9305 | | | Services: |
| Type: | Parent Agency | Administrator | SAUL H. ZAMBRANO JR. | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/19/2009 | Owner Information |
| License # | 012608 | | | | | FIRST AIDE HOME CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 2904 BLAINE STREET |
| Medicare 1: | 747382 | | | | | LAREDO, TX 78043 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-2433 | Fax | (956) 722-3057 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR ALVARADO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/15/2013 | Owner Information |
| License # | 015454 | | | | | FRIENDLY CARE HOME HEALTH SERVICES LLC |
| Lic Expire | 02/28/2019 | | | | | 6414 MCPHERSON RD., SUITE 2 |
| Medicare 1: | 747296 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-7100 | Fax | (956) 724-7101 | | | Services: |
| Type: | Parent Agency | Administrator | DIANA CASTILLO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/12/2008 | Owner Information |
| License # | 011880 | | | | | FRIENDLY CARE PRIMARY SERVICES, LLC |
| Lic Expire | 02/28/2019 | | | | | 2319 CHIHUAHUA |
| Medicare 1: | | | | | | LAREDO, TX 78043 |
| Medicare 2: | | | | | | |
| Phone | (956) 753-6040 | Fax | (956) 753-6850 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA SANDERSON | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 03/25/2008 | Owner Information |
| License # | 012125 | | | | | FRIENDS HEALTH CARE SERVICES INC |
| Lic Expire | 03/31/2018 | | | | | 401 S KANSAS AVENUE SUITE D |
| Medicare 1: | 45Q9489002 | | | | | WESLACO, TX 78596 |
| Medicare 2: | | | | | | |
| Phone | (956) 795-8705 | Fax | (956) 791-2554 | | | Services: |
| Type: | Branch Agency | Administrator | DAVID SUAREZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 08/21/2009 | Owner Information |
| License # | 012799 | | | | | GDM PRIMARY HOME CARE INC |
| Lic Expire | 08/31/2019 | | | | | 6508 NORTH BARTLETT SUITE E |
| Medicare 1: | | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 727-0311 | Fax | (956) 726-9305 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ELVIRA MONTEMAYOR | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 03/26/2004 | Owner Information |
| License # | 008989 | | | | | GLOBAL NURSING SERVICES INC |
| Lic Expire | 03/31/2020 | | | | | 6801 MCPHERSON STREET SUITE 221 |
| Medicare 1: | 679475 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 712-8147 | Fax | (956) 722-1665 | | | Services: |
| Type: | Parent Agency | Administrator | CHRISTINE GARZA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 06/01/2013 | Owner Information |
| License # | 015684 | | | | | HEALING EXPERTS HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 2412 JACAMAN ROAD UNIT 102 |
| Medicare 1: | 747374 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 284-0780 | Fax | (956) 568-0158 | | | Services: |
| Type: | Parent Agency | Administrator | IRMA M CEPEDA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 01/27/2006 | Owner Information |
| License # | 010416 | | | | | HEALING HANDS HOME HEALTH CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 6510 POLARIS DRIVE SUITE 3 |
| Medicare 1: | 679502 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 727-9111 | Fax | (956) 727-9107 | | | Services: |
| Type: | Parent Agency | Administrator | IRMA M CEPEDA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 12/19/2008 | Owner Information |
| License # | 012362 | | | | | HEALING HANDS PROVIDER SERVICE LLC |
| Lic Expire | 12/31/2018 | | | | | 6510 POLARIS DRIVE SUITE 2 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 284-0768 | Fax | (956) 712-3450 | | | Services: |
| Type: | Parent Agency | Administrator | IRMA CEPEDA | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 06/29/2001 | Owner Information |
| License # | 002164 | | | | | HEALTH CARE UNLIMITED INC |
| Lic Expire | 11/30/2018 | | | | | 1100 E LAUREL |
| Medicare 1: | 67Q7285003 | | | | | MCALLEN, TX 78504 |
| Medicare 2: | | | | | | |
| Phone | (956) 796-9187 | Fax | (956) 796-9146 | | | Services: |
| Type: | Branch Agency | Administrator | JOSEPH RAMON III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/12/2009 | Owner Information |
| License # | 013070 | | | | | JAR HEALTH CARE PLLC |
| Lic Expire | 10/31/2019 | | | | | 1520 E SAN PEDRO SUITE 201 |
| Medicare 1: | 747342 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-5651 | Fax | (956) 724-5654 | | | Services: |
| Type: | Parent Agency | Administrator | ROXANA ARREAZOLA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 08/08/2008 | Owner Information |
| License # | 012145 | | | | | HEAVENLY NURSES HOME HEALTH LLC |
| Lic Expire | 08/31/2018 | | | | | 5411 MCPHERSON SUITE 105 |
| Medicare 1: | 747424 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 726-9700 | Fax | (956) 796-9574 | | | Services: |
| Type: | Parent Agency | Administrator | PAULINA A VASQUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 05/08/2014 | Owner Information |
| License # | 016193 | | | | | HOSPICE SPECIALTY INC |
| Lic Expire | 05/31/2018 | | | | | 1220 SCOTT STREET |
| Medicare 1: | 741544 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 740-0106 | Fax | (956) 727-1406 | | | Services: |
| Type: | Parent Agency | Administrator | ANNA LIZA GUAJARDO | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 12/17/2015 | Owner Information |
| License # | 017187 | | | | | PENN PATIENT CARE LLC |
| Lic Expire | 12/31/2019 | | | | | 104 E. CALTON ROAD SUITE 102 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 722-2273 | Fax | (956) 722-2274 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA MENDOZA | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 04/01/2007 | Owner Information |
| License # | 011264 | | | | | CHARTWELL COMMUNITY SERVICES INC |
| Lic Expire | 03/31/2019 | | | | | 14295 MIDWAY ROAD SUITE 400 |
| Medicare 1: | | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-9825 | Fax | (956) 724-7431 | | | Services: |
| Type: | Parent Agency | Administrator | JEWEL MARTINEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 09/01/2017 | Owner Information |
| License # | 018292 | | | | | LA ESPERANZA HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 5703 SPRINGFIELD AVENUE |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 723-4702 | Fax | (956) 723-4721 | | | Services: |
| Type: | Parent Agency | Administrator | CAROLS A RAMIREZ | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 08/20/2008 | Owner Information |
| License # | 012188 | | | | | LA ESPERANZA HOME HEALTH INC |
| Lic Expire | 08/31/2019 | | | | | 616 W CALTON ROAD SUITE 11A |
| Medicare 1: | 747307 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 723-4702 | Fax | (956) 723-4721 | | | Services: |
| Type: | Parent Agency | Administrator | CARLOS RAMIREZ | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 12/11/2017 | Owner Information |
| License # | 007540 | | | | | LA FUENTE INCORPORATED |
| Lic Expire | 02/28/2019 | | | | | P O BOX 280 |
| Medicare 1: | | | | | | SULLIVAN CITY, TX 78595 |
| Medicare 2: | | | | | | |
| Phone | (956) 485-2400 | Fax | (956) 485-1193 | | | Services: |
| Type: | Branch Agency | Administrator | VERONICA ALEMAN | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/13/2003 | Owner Information |
| License # | 008322 | | | | | LA LUZ PRIMARY HOME CARE LLC |
| Lic Expire | 02/28/2019 | | | | | 2349 E SAUNDERS |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-7859 | Fax | (956) 724-5801 | | | Services: |
| Type: | Parent Agency | Administrator | NORA D HERNANDEZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/01/2010 | Owner Information |
| License # | 013548 | | | | | LA MISERICORDIA HOME CARE SERVICE LLC |
| Lic Expire | 08/31/2018 | | | | | 2333 E SAUNDERS |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 712-2834 | Fax | (956) 723-9949 | | | Services: |
| Type: | Parent Agency | Administrator | MARIO A MARTINEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 11/10/2017 | Owner Information |
| License # | 018444 | | | | | LAREDO GENTLE HANDS HOSPICE AND PALLIATIVE CARE |
| Lic Expire | 11/30/2019 | | | | | 5415 SPRINGFIELD AVE. SUITE 2C |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (580) 284-2448 | Fax | (956) 242-6084 | | | Services: |
| Type: | Parent Agency | Administrator | DIANA CASTILLO | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 03/24/1998 | Owner Information |
| License # | 006398 | | | | | SOUTH TEXAS PRIMARY CARE INC |
| Lic Expire | 03/31/2019 | | | | | 200 W LYON ST |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-3804 | Fax | (956) 725-0182 | | | Services: |
| Type: | Parent Agency | Administrator | ALFONSO RODRIGUEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 12/01/2006 | Owner Information |
| License # | 010911 | | | | | LAREDO QUALITY HOME HEALTH INC |
| Lic Expire | 11/30/2019 | | | | | 6414 MCPHERSON ROAD SUITE 2 |
| Medicare 1: | 747028 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-5533 | Fax | (956) 725-5536 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE ANTONIO MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 12/20/2006 | <u>Owner Information</u> |
| License # | 010954 | | | | | LAREDO SKILLED SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 2101 SOUTH EJIDO AVE |
| Medicare 1: | 747257 | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-4280 | Fax | (956) 724-2263 | | | Services: |
| Type: | Parent Agency | Administrator | ALEX GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 11/21/2014 | <u>Owner Information</u> |
| License # | 016549 | | | | | L&JOE LLC |
| Lic Expire | 11/30/2018 | | | | | 205 W. VILLAGE BLVD SUITE 3 |
| Medicare 1: | 679707 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 722-0394 | Fax | (956) 722-0098 | | | Services: |
| Type: | Parent Agency | Administrator | ANA L RODRIGUEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 08/17/2011 | <u>Owner Information</u> |
| License # | 014290 | | | | | LIONSITOS PRIMARY HOME CARE INC |
| Lic Expire | 08/31/2019 | | | | | 1506 EISENHOWER DRIVE |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 523-0429 | Fax | (956) 725-1694 | | | Services: |
| Type: | Parent Agency | Administrator | GUADALUPE DELEON JR | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/12/2016 | <u>Owner Information</u> |
| License # | 017394 | | | | | LONE STAR HEALTH SERVICES, PLLC |
| Lic Expire | 05/31/2018 | | | | | 2920 PALO BLANCO |
| Medicare 1: | | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | |
| Phone | (956) 602-1612 | Fax | (956) 602-1211 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL CANTU | | | Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 04/27/2017 | <u>Owner Information</u> |
| License # | 018024 | | | | | M & J PRIMARY HOME CARE LLC |
| Lic Expire | 04/30/2019 | | | | | 6108 MCPHERSON ROAD SUITE 5 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 771-5673 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ANA GARCIA | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/14/2015 | <u>Owner Information</u> |
| License # | 017076 | | | | | MANNA PROVIDER SERVICES LLC |
| Lic Expire | 10/31/2019 | | | | | 1915 WOODLAND DRIVE |
| Medicare 1: | | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 602-1671 | Fax | (956) 602-1671 | | | Services: |
| Type: | Parent Agency | Administrator | HERMELINDA JIMENEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/28/2009 | <u>Owner Information</u> |
| License # | 012627 | | | | | MAR DEL HOME HEALTH LLC |
| Lic Expire | 05/31/2019 | | | | | 1401 CALLE DEL NORTE #5 |
| Medicare 1: | 747608 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 753-7007 | Fax | (956) 723-3535 | | | Services: |
| Type: | Parent Agency | Administrator | JOSEFA RUIZ | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/06/2017 | <u>Owner Information</u> |
| License # | 018009 | | | | | THE HOME CARE TEAM INC |
| Lic Expire | 02/28/2019 | | | | | 45 N E LOOP 410 STE 800 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78216 |
| Medicare 2: | | | | | | |
| Phone | (956) 726-8503 | Fax | (956) 727-5068 | | | Services: |
| Type: | Parent Agency | Administrator | ADEMAR DAVID GARZA | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|---|
| County | WEBB | Region | 11 | Date Licensed | 07/18/2013 | Owner Information |
| License # | 015660 | | | | | MEDLIFE HOME HEALTH SERVICES INC |
| Lic Expire | 07/31/2019 | | | | | 1505 CALLE DEL NORTE SUITE 250 |
| Medicare 1: | 747923 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 462-5974 | Fax | (956) 267-5744 | | | Services: |
| Type: | Parent Agency | Administrator | MONICA L LOZANO | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 10/26/2009 | Owner Information |
| License # | 009479 | | | | | BRM HOME HEALTH PLLC |
| Lic Expire | 12/31/2019 | | | | | PO BOX 1230 |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 267-9356 | Fax | (956) 523-0835 | | | Services: |
| Type: | Branch Agency | Administrator | HENRY MCINNIS | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 07/27/2011 | Owner Information |
| License # | 014236 | | | | | M & R MANAGEMENT LLC |
| Lic Expire | 07/31/2019 | | | | | PO BOX 15153 |
| Medicare 1: | | | | | | ZAPATA, TX 78076 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-5808 | Fax | (956) 568-9679 | | | Services: |
| Type: | Parent Agency | Administrator | MARISELA LEAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 06/12/2009 | Owner Information |
| License # | 012774 | | | | | NEW BEGINNING HOME CARE INC |
| Lic Expire | 06/30/2019 | | | | | 2212 MCDONELL SUITE 3 |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-6755 | Fax | (956) 729-0399 | | | Services: |
| Type: | Parent Agency | Administrator | HECTOR LOZANO | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/18/2011 | Owner Information |
| License # | 015566 | | | | | NURSE PLACEMENT SERVICES |
| Lic Expire | 05/31/2019 | | | | | 1805 BELL ST |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 726-4977 | Fax | (956) 791-9670 | | | Services: |
| Type: | Branch Agency | Administrator | JOHN M SAENZ | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/26/2003 | Owner Information |
| License # | 006229 | | | | | NURSES ON WHEELS INC |
| Lic Expire | 08/31/2018 | | | | | 1101 3RD STREET |
| Medicare 1: | 451717 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | | | | | | |
| Phone | (361) 527-9139 | Fax | (361) 527-4137 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | MARY GARCIA | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 09/08/2003 | Owner Information |
| License # | 006229 | | | | | NURSES ON WHEELS INC |
| Lic Expire | 08/31/2018 | | | | | 1101 3RD STREET |
| Medicare 1: | 45Q9200001 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | | | | | | |
| Phone | (361) 527-9139 | Fax | (361) 527-4137 | | | Services: |
| Type: | Branch Agency | Administrator | MARY GARCIA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 08/28/2006 | Owner Information |
| License # | 010700 | | | | | LAREDO VISITING NURSES INC |
| Lic Expire | 08/31/2019 | | | | | 1101 THIRD |
| Medicare 1: | 673199 | | | | | CORPUS CHRISTI, TX 78404 |
| Medicare 2: | 671694 | | | | | |
| Phone | (956) 791-8365 | Fax | (956) 791-8925 | | | Services: |
| Type: | Parent Agency | Administrator | VERONICA GONZALEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services, Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|---------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 01/01/1998 | Owner Information |
| License # | 006274 | | | | | NURSING FROM THE HEART HOME CARE INC |
| Lic Expire | 12/31/2018 | | | | | 1505 CALLE DEL NORTE SUITE 240 |
| Medicare 1: | 459047 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 727-4444 | Fax | (956) 727-4677 | | | Services: |
| Type: | Parent Agency | Administrator | MARIA ISABEL LAYTON | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 03/03/2015 | Owner Information |
| License # | 016663 | | | | | NURSING FROM THE HEART PRIMARY CARE LLC |
| Lic Expire | 03/31/2019 | | | | | 3610 JOSEFINA DRIVE |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 568-3699 | Fax | (956) 568-3678 | | | Services: |
| Type: | Parent Agency | Administrator | MA ISABEL LAYTON | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/22/2017 | Owner Information |
| License # | 018051 | | | | | NSCL INC |
| Lic Expire | 02/28/2019 | | | | | 7917 MCPHERSON RD STE 210 |
| Medicare 1: | 677735 | | | | | LAREDO, TX 78045 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-9211 | Fax | (956) 725-9996 | | | Services: |
| Type: | Parent Agency | Administrator | HECTOR ALVARADO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 09/09/2016 | Owner Information |
| License # | 015059 | | | | | ALL JOY HEALTH SERVICES LLC |
| Lic Expire | 09/30/2018 | | | | | 300 SOUTH 2ND STREET SUITE A-B |
| Medicare 1: | | | | | | MCALLEN, TX 78501 |
| Medicare 2: | | | | | | |
| Phone | (956) 267-8607 | Fax | (956) 627-4991 | | | Services: |
| Type: | Branch Agency | Administrator | PAOLA TAMEZ | | | Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 05/23/2013 | Owner Information |
| License # | 015560 | | | | | OUR GUARDIAN ANGELS HOME HEALTH INC |
| Lic Expire | 05/31/2019 | | | | | 1203 E 28TH STREET |
| Medicare 1: | | | | | | MISSION, TX 78754 |
| Medicare 2: | | | | | | |
| Phone | (956) 235-7158 | Fax | (956) 602-1157 | | | Services: |
| Type: | Parent Agency | Administrator | SANDRA VILLARREAL | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/12/2014 | Owner Information |
| License # | 016201 | | | | | PALOMITA PROVIDER SERVICE LLC |
| Lic Expire | 05/31/2018 | | | | | 2101 CHIHUAHUA SUITE 107 |
| Medicare 1: | | | | | | LAREDO, TX 78043 |
| Medicare 2: | | | | | | |
| Phone | (956) 518-0088 | Fax | (956) 272-0108 | | | Services: |
| Type: | Parent Agency | Administrator | EUNICE VASQUEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/22/2011 | Owner Information |
| License # | 013907 | | | | | PALOMITAS "R" US INC |
| Lic Expire | 02/28/2019 | | | | | 8709 CASA VERDE RD UNIT C142 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 753-3294 | Fax | (956) 723-0118 | | | Services: |
| Type: | Parent Agency | Administrator | YOLANDA L CARRILLO | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/14/2003 | Owner Information |
| License # | 008323 | | | | | CYNTHIA T VAZQUEZ |
| Lic Expire | 02/28/2018 | | | | | 1817 CORPUS CHRISTI STREET |
| Medicare 1: | | | | | | LAREDO, TX 78043 |
| Medicare 2: | | | | | | |
| Phone | (956) 722-9311 | Fax | (956) 723-8616 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA T VAZQUEZ | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 05/10/2005 | Owner Information |
| License # | 009748 | | | | | PRO HEALTH NURSING INC |
| Lic Expire | 05/31/2019 | | | | | 4019 MCPHERSON # 203 & 204 |
| Medicare 1: | 677899 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-2006 | Fax | (956) 724-2014 | | | Services: |
| Type: | Parent Agency | Administrator | TEOFILO MARTINEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 07/17/2017 | Owner Information |
| License # | 018171 | | | | | RAMIREZ PRIMARY HOME CARE LLC |
| Lic Expire | 07/31/2019 | | | | | 402 E HILLSIDE STE 1 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 568-0274 | Fax | (956) 568-0284 | | | Services: |
| Type: | Parent Agency | Administrator | LUIS MACARIO RAMIREZ III | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 07/30/2012 | Owner Information |
| License # | 007241 | | | | | RESOURCE HOME HEALTH SERVICES |
| Lic Expire | 08/31/2018 | | | | | 7211 REGENCY SQUARE BLVD SUITE 102 |
| Medicare 1: | | | | | | HOUSTON, TX 77036 |
| Medicare 2: | | | | | | |
| Phone | (713) 981-4389 | Fax | (832) 252-8119 | | | Services: |
| Type: | Branch Agency | Administrator | ROSE NWABUISI | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 11/14/2011 | Owner Information |
| License # | 014471 | | | | | ROCHA PRIMARY CARE LLC |
| Lic Expire | 11/30/2019 | | | | | 803 MCCLELLAND AVE |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 286-3333 | Fax | (956) 726-1898 | | | Services: |
| Type: | Parent Agency | Administrator | ROGER C ROCHA JR | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 01/21/2011 | Owner Information |
| License # | 010616 | | | | | SAINT BENEDICTS HOME HEALTH INC |
| Lic Expire | 07/31/2019 | | | | | 424 E MAIN |
| Medicare 1: | | | | | | ROBSTOWN, TX 78380 |
| Medicare 2: | | | | | | |
| Phone | (956) 728-8088 | Fax | (956) 728-8483 | | | Services: |
| Type: | Branch Agency | Administrator | BRENDA RAMON | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/03/2016 | Owner Information |
| License # | 017660 | | | | | MARYLOU GONZALEZ |
| Lic Expire | 10/31/2018 | | | | | 3419 S BUENA VISTA AVE |
| Medicare 1: | | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | |
| Phone | (956) 337-2235 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | MARYLOU GONZALEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 03/12/2007 | Owner Information |
| License # | 009340 | | | | | SALDIVAR HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | PO BOX 3531 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (956) 726-1111 | Fax | (956) 726-1393 | | | Services: |
| Type: | Branch Agency | Administrator | SONIA BLEEKER | | | Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 06/14/2007 | Owner Information |
| License # | 007114 | | | | | SALDIVAR COASTAL SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | P O BOX 3504 |
| Medicare 1: | | | | | | ALICE, TX 78333 |
| Medicare 2: | | | | | | |
| Phone | (956) 717-5009 | Fax | (956) 717-5876 | | | Services: |
| Type: | Branch Agency | Administrator | MARGOT P SALDIVAR | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 09/22/2005 | <u>Owner Information</u> |
| License # | 009982 | | | | | SALUD HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 2920 SOUTH MALINCHE |
| Medicare 1: | 679541 | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | |
| Phone | (956) 718-9987 | Fax | (956) 753-5677 | | | Services: |
| Type: | Parent Agency | Administrator | MIGUEL ANGEL GALLEGOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/26/2006 | <u>Owner Information</u> |
| License # | 010492 | | | | | HUMBERTO VELA JR |
| Lic Expire | 05/31/2019 | | | | | 1001 CORPUS CHRISTI STREET |
| Medicare 1: | 679694 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 717-1204 | Fax | (956) 717-2604 | | | Services: |
| Type: | Parent Agency | Administrator | HUMBERTO VELA JR | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/23/2007 | <u>Owner Information</u> |
| License # | 007530 | | | | | AUGUSTIN ESTRADA III |
| Lic Expire | 01/31/2019 | | | | | 545 MOURSUND BLVD |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78221 |
| Medicare 2: | | | | | | |
| Phone | (956) 791-5300 | Fax | (956) 791-5301 | | | Services: |
| Type: | Branch Agency | Administrator | AUGUSTIN ESTRADA III | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 08/01/2001 | <u>Owner Information</u> |
| License # | 007687 | | | | | SANDS CARE HEALTH SERVICES LC |
| Lic Expire | 07/31/2018 | | | | | 201 WEST HILLSIDE SUITE 8 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 728-1565 | Fax | (956) 728-1566 | | | Services: |
| Type: | Parent Agency | Administrator | SCOTT EDWARD SANDS | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 02/27/1997 | <u>Owner Information</u> |
| License # | 005304 | | | | | DOS HERMANAS ORTIZ INC |
| Lic Expire | 02/28/2019 | | | | | 501 MARINA STE 2 |
| Medicare 1: | 459303 | | | | | LAREDO, TX 78046 |
| Medicare 2: | | | | | | |
| Phone | (956) 712-8433 | Fax | (956) 712-2290 | | | Services: |
| Type: | Parent Agency | Administrator | MARY PAT ORTIZ | | | Licensed and Certified Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 08/05/1998 | <u>Owner Information</u> |
| License # | 006608 | | | | | ORTIZ MANAGEMENT GROUP INC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 440501 |
| Medicare 1: | | | | | | LAREDO, TX 78044 |
| Medicare 2: | | | | | | |
| Phone | (956) 717-8583 | Fax | (956) 712-1608 | | | Services: |
| Type: | Parent Agency | Administrator | JUAN PINA | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 01/12/2017 | <u>Owner Information</u> |
| License # | 017853 | | | | | SERENITY HOSPICE CARE LLC |
| Lic Expire | 01/31/2019 | | | | | 6414 MCPHERSON RD., #2 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 790-9161 | Fax | (956) 729-1133 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE ANTONIO MARTINEZ | | | Hospice |
| County | WEBB | Region | 11 | Date Licensed | 06/29/2009 | <u>Owner Information</u> |
| License # | 012669 | | | | | ST. JUDES SPECIALTY HOME AND HEALTH CARE SERVICES, INC |
| Lic Expire | 06/30/2019 | | | | | 1220 SCOTT STREET |
| Medicare 1: | 747388 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 722-0106 | Fax | (956) 727-1406 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA GUAJARDO | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|------------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 07/06/2016 | Owner Information |
| License # | 017498 | | | | | ST. LUKE'S PRIMARY HOME CARE LLC |
| Lic Expire | 07/31/2018 | | | | | 1420 SANTA CLEOTILDE SUITE 1 |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 568-0941 | Fax | (956) 568-0918 | | | Services: |
| Type: | Parent Agency | Administrator | KRISTOPHER A LUNA | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 03/31/2006 | Owner Information |
| License # | 010364 | | | | | STAR OF LIFE HOME CARE INC |
| Lic Expire | 03/31/2019 | | | | | 2919 SPRINGFIELD AVENUE |
| Medicare 1: | 679661 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 568-0111 | Fax | (956) 753-0112 | | | Services: |
| Type: | Parent Agency | Administrator | CLAUDIA HOURIGAN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 11/22/2011 | Owner Information |
| License # | 014482 | | | | | STPCARE INC |
| Lic Expire | 11/30/2019 | | | | | 1505 CALLE DEL NORTE STE 260B |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 725-1001 | Fax | (956) 729-1614 | | | Services: |
| Type: | Parent Agency | Administrator | BONIFACE EMEREMNU | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/20/2011 | Owner Information |
| License # | 014431 | | | | | LAREDO KIDS ADVANCED THERAPY INC |
| Lic Expire | 10/31/2019 | | | | | 1319 E HILLSIDE RD STE B |
| Medicare 1: | 747980 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 723-6600 | Fax | (956) 723-6614 | | | Services: |
| Type: | Parent Agency | Administrator | SELINA R RAMOS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 01/21/2009 | Owner Information |
| License # | 012406 | | | | | SUPERIOR CARE HOME HEALTH SERVICES LLC |
| Lic Expire | 01/31/2019 | | | | | 722 OKANE STREET |
| Medicare 1: | 747450 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 791-6477 | Fax | (956) 721-0663 | | | Services: |
| Type: | Parent Agency | Administrator | ROGELIO A. ESPINOZA RN | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 08/21/2013 | Owner Information |
| License # | 015724 | | | | | SUPERIOR CARE PRIMARY HOME CARE PROVIDER LLC |
| Lic Expire | 08/31/2019 | | | | | 2402 LOGAN AVENUE |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 724-5299 | Fax | (956) 724-5296 | | | Services: |
| Type: | Parent Agency | Administrator | BRISelda G ESPINOZA | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/23/2008 | Owner Information |
| License # | 012028 | | | | | HEALTHPROV L L C |
| Lic Expire | 05/31/2019 | | | | | 316 WESTMONT DRIVE |
| Medicare 1: | 747254 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 728-0411 | Fax | (956) 728-0415 | | | Services: |
| Type: | Parent Agency | Administrator | MELISSA CIGARROA | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WEBB | Region | 11 | Date Licensed | 03/01/2012 | Owner Information |
| License # | 014675 | | | | | 5 STAR THERAPY PLLC |
| Lic Expire | 02/29/2020 | | | | | 6550 SPRINGFIELD AVENUE SUITE 101 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 722-7733 | Fax | (956) 722-7799 | | | Services: |
| Type: | Parent Agency | Administrator | ALMA MARTINEZ | | | Licensed Home Health Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------------|---------------|------------|--|
| County | WEBB | Region | 11 | Date Licensed | 09/02/2002 | <u>Owner Information</u> |
| License # | 008583 | | | | | TEXAS HEALTH STAFFING SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 1115 CHIHUAHUA SUITE A |
| Medicare 1: | 679185 | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 791-3012 | Fax | (956) 791-5863 | | | Services: |
| Type: | Parent Agency | Administrator | EDNA VERNETTE RAETZSCH CARRANZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 05/02/2017 | <u>Owner Information</u> |
| License # | 018031 | | | | | RAQUEL ALEJANDRA RODRIGUEZ |
| Lic Expire | 05/31/2019 | | | | | 905 MCCLELLAND AVE STE 2 |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 441-1839 | Fax | (956) 441-1858 | | | Services: |
| Type: | Parent Agency | Administrator | RAQUEL ALEJANDRA RODRIGUEZ | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 04/30/2004 | <u>Owner Information</u> |
| License # | 009337 | | | | | TEXAS PROVIDER CARE LLC |
| Lic Expire | 04/30/2018 | | | | | 2404 ROSARIO STREET |
| Medicare 1: | | | | | | LAREDO, TX 78043 |
| Medicare 2: | | | | | | |
| Phone | (956) 791-5234 | Fax | (956) 726-0145 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE A JAIMES | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 06/30/1999 | <u>Owner Information</u> |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 728-7905 | Fax | (956) 791-0941 | | | Services: |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 10/15/2003 | <u>Owner Information</u> |
| License # | 008692 | | | | | TORRES HOME HEALTH SERVICES L C |
| Lic Expire | 10/31/2018 | | | | | 5415 SPRINGFIELD AVENUE SUITE 3A & 3B |
| Medicare 1: | 679490 | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 712-3579 | Fax | (956) 712-3981 | | | Services: |
| Type: | Parent Agency | Administrator | MARTHA T BRAVO | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 01/11/2007 | <u>Owner Information</u> |
| License # | 010986 | | | | | TORRES PRIMARY HOME CARE INC |
| Lic Expire | 01/31/2019 | | | | | 213 W. VILLAGE BLVD SUITE 4 |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 712-3726 | Fax | (956) 712-3730 | | | Services: |
| Type: | Parent Agency | Administrator | PRISCILLA CARDENAS | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 12/23/2014 | <u>Owner Information</u> |
| License # | 016577 | | | | | TOUCHED BY AN ANGEL HOME CARE INCORPORATED |
| Lic Expire | 12/31/2018 | | | | | 5102 BENGIO BAY |
| Medicare 1: | | | | | | LAREDO, TX 78041 |
| Medicare 2: | | | | | | |
| Phone | (956) 337-0136 | Fax | (956) 723-4122 | | | Services: |
| Type: | Parent Agency | Administrator | CARMEN CEPEDA | | | Personal Assistance Services |
| County | WEBB | Region | 11 | Date Licensed | 03/07/2007 | <u>Owner Information</u> |
| License # | 011405 | | | | | JLG HEALTH GROUP LLC |
| Lic Expire | 03/31/2018 | | | | | 3301 EAST FROST |
| Medicare 1: | 679506 | | | | | LAREDO, TX 78043 |
| Medicare 2: | | | | | | |
| Phone | (956) 857-5900 | Fax | (956) 718-2354 | | | Services: |
| Type: | Parent Agency | Administrator | GRACIELA GARZA | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | WHARTON | Region | 06 | Date Licensed | 01/15/2015 | Owner Information |
| License # | 016604 | | | | | RVLK QUALITY CARE LLC |
| Lic Expire | 01/31/2019 | | | | | P O BOX 1321 |
| Medicare 1: | | | | | | EAST BERNARD, TX 77435 |
| Medicare 2: | | | | | | |
| Phone | (979) 335-4025 | Fax | (979) 335-4121 | | | Services: |
| Type: | Parent Agency | Administrator | KIMBERLY ANN HAAK | | | Personal Assistance Services |
| County | WHARTON | Region | 06 | Date Licensed | 06/20/2000 | Owner Information |
| License # | 001994 | | | | | HOUSTON HOSPICE |
| Lic Expire | 10/31/2018 | | | | | 1905 HOLCOMBE |
| Medicare 1: | 451530 | | | | | HOUSTON, TX 77030 |
| Medicare 2: | | | | | | |
| Phone | (979) 578-0314 | Fax | (979) 578-0242 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | JAMES A FAUCETT JR | | | Hospice |
| County | WHARTON | Region | 06 | Date Licensed | 12/16/2016 | Owner Information |
| License # | 017792 | | | | | AMGREG HEALTH SYSTEMS CORPORATION |
| Lic Expire | 12/31/2018 | | | | | 307 WEST MILAM ST SUITE 201 |
| Medicare 1: | | | | | | WHARTON, TX 77488 |
| Medicare 2: | | | | | | |
| Phone | (877) 373-2600 | Fax | (877) 259-4080 | | | Services: |
| Type: | Parent Agency | Administrator | GEORGETTA RAY | | | Licensed Home Health Services, Personal Assistance Services |
| County | WHARTON | Region | 06 | Date Licensed | 06/21/2004 | Owner Information |
| License # | 008427 | | | | | E MEDICAL GROUP INC |
| Lic Expire | 04/30/2018 | | | | | 2803 7TH STREET |
| Medicare 1: | 67Q9345003 | | | | | BAY CITY, TX 77414 |
| Medicare 2: | | | | | | |
| Phone | (979) 282-2629 | Fax | (979) 282-2647 | | | Services: |
| Type: | Branch Agency | Administrator | ANGELA CRAWFORD | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WHARTON | Region | 06 | Date Licensed | 06/09/2016 | Owner Information |
| License # | 017451 | | | | | ASCENTIA HEALTHCARE LLC |
| Lic Expire | 06/30/2018 | | | | | 24704 MALCA MANOR DRIVE |
| Medicare 1: | | | | | | KATY, TX 77493 |
| Medicare 2: | | | | | | |
| Phone | (281) 786-4880 | Fax | (281) 786-2084 | | | Services: |
| Type: | Parent Agency | Administrator | IRETI JONES | | | Licensed Home Health Services, Personal Assistance Services |
| County | WHARTON | Region | 06 | Date Licensed | 05/08/2017 | Owner Information |
| License # | 018172 | | | | | CARISSA HEALTH CARE SERVICES INC |
| Lic Expire | 05/31/2019 | | | | | 307 W MILAM ST STE 310 |
| Medicare 1: | | | | | | WHARTON, TX 77488 |
| Medicare 2: | | | | | | |
| Phone | (979) 531-3165 | Fax | (979) 531-3166 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA DEGORL | | | Licensed Home Health Services, Personal Assistance Services |
| County | WHARTON | Region | 06 | Date Licensed | 02/04/2015 | Owner Information |
| License # | 016634 | | | | | FORTBEND HEALTHCARE INC |
| Lic Expire | 02/28/2019 | | | | | 16230 APRIL RIDGE DR |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | |
| Phone | (832) 398-2608 | Fax | (281) 622-4487 | | | Services: |
| Type: | Parent Agency | Administrator | OBIAGELI OGBONNAH | | | Licensed Home Health Services, Personal Assistance Services |
| County | WHARTON | Region | 06 | Date Licensed | 01/05/2010 | Owner Information |
| License # | 013063 | | | | | KAYCEE GROUP INC |
| Lic Expire | 01/31/2018 | | | | | 307 WEST MILAM ST |
| Medicare 1: | | | | | | WHARTON, TX 77488 |
| Medicare 2: | | | | | | |
| Phone | (979) 253-4401 | Fax | (888) 257-1326 | | | Services: |
| Type: | Parent Agency | Administrator | KAYCEE SKYEAGLE | | | Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | WHARTON | Region | 06 | Date Licensed | 05/20/2016 | Owner Information |
| License # | 017412 | | | | | REVITALIFE HOME HEALTHCARE SERVICES LLC |
| Lic Expire | 05/31/2018 | | | | | 13315 RAIN LILY LANE |
| Medicare 1: | | | | | | HOUSTON, TX 77083 |
| Medicare 2: | | | | | | Services: |
| Phone | (832) 460-8707 | Fax | (844) 269-6770 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | IBANIA VALENCIA | | | |
| County | WHARTON | Region | 06 | Date Licensed | 11/24/2014 | Owner Information |
| License # | 016538 | | | | | SACRED CARE HOME HEALTH, LLC |
| Lic Expire | 11/30/2018 | | | | | 222 W BURLESON ST |
| Medicare 1: | 747971 | | | | | WHARTON, TX 77488 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 531-3068 | Fax | (979) 532-0019 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SHIRLEY BRISTOW | | | |
| County | WHARTON | Region | 06 | Date Licensed | 01/13/2005 | Owner Information |
| License # | 008158 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 10/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 67Q9233002 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 532-8584 | Fax | (979) 532-8574 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KATHRYN WIEDMAN | | | |
| County | WHARTON | Region | 06 | Date Licensed | 10/18/2002 | Owner Information |
| License # | 008158 | | | | | TEXAS HOME HEALTH SKILLED SERVICES LP |
| Lic Expire | 10/31/2018 | | | | | 17855 N DALLAS PKWY SUITE 200 |
| Medicare 1: | 679233 | | | | | DALLAS, TX 75287 |
| Medicare 2: | | | | | | Services: |
| Phone | (979) 532-8584 | Fax | (979) 532-8574 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KATHRYN WIEDMAN | | | |
| County | WHEELER | Region | 01 | Date Licensed | 04/06/2005 | Owner Information |
| License # | 008662 | | | | | KINDSTAR INC |
| Lic Expire | 09/30/2018 | | | | | P.O. BOX 50805 |
| Medicare 1: | 45Q7754003 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 256-1100 | Fax | (806) 256-1101 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | PRIMITIVO CUELLAR | | | |
| County | WHEELER | Region | 01 | Date Licensed | 03/12/1993 | Owner Information |
| License # | 002472 | | | | | NORTH WHEELER COUNTY HOSPITAL DISTRICT |
| Lic Expire | 03/31/2019 | | | | | PO BOX 1030 |
| Medicare 1: | 677604 | | | | | WHEELER, TX 79096 |
| Medicare 2: | | | | | | Services: |
| Phone | (806) 826-1370 | Fax | (806) 826-1396 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MONICA KIDD | | | |
| County | WICHITA | Region | 02 | Date Licensed | 07/01/1988 | Owner Information |
| License # | 001997 | | | | | ELECTRA HOSPITAL DISTRICT |
| Lic Expire | 06/30/2018 | | | | | 1207 SOUTH BAILEY STREET/PO BOX 1112 |
| Medicare 1: | 677142 | | | | | ELECTRA, TX 76360 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 495-2900 | Fax | (940) 495-2930 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | REBECCA MCCAIN | | | |
| County | WICHITA | Region | 02 | Date Licensed | 10/25/2015 | Owner Information |
| License # | 017332 | | | | | INTEGRATED MANAGEMENT SOLUTIONS INC |
| Lic Expire | 10/31/2019 | | | | | P O BOX 529 |
| Medicare 1: | 679027 | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 763-9500 | Fax | (940) 763-9501 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA REYNA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-----------------|---------------|------------|--|
| County | WICHITA | Region | 02 | Date Licensed | 05/10/2017 | Owner Information |
| License # | 017332 | | | | | INTEGRATED MANAGEMENT SOLUTIONS INC |
| Lic Expire | 10/31/2019 | | | | | P O BOX 529 |
| Medicare 1: | | | | | | WHITESBORO, TX 76273 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 263-1699 | Fax | (940) 263-1695 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | LISA REYNA | | | |
| County | WICHITA | Region | 02 | Date Licensed | 04/08/1997 | Owner Information |
| License # | 005429 | | | | | FIRST CHOICE COMMUNITY HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | 4309 JACKSBORO HIGHWAY SUITE 101 |
| Medicare 1: | 459298 | | | | | WICHITA FALLS, TX 76302 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 322-1391 | Fax | (940) 322-2967 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SUE ANNE WATTS | | | |
| County | WICHITA | Region | 02 | Date Licensed | 02/07/2011 | Owner Information |
| License # | 010691 | | | | | AOC SENIOR HOME HEALTH CORP |
| Lic Expire | 08/31/2018 | | | | | P O BOX 338 |
| Medicare 1: | | | | | | HOWE, TX 75459 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 761-9986 | Fax | (940) 761-9823 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | HEATHER RODGERS | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/13/1996 | Owner Information |
| License # | 004895 | | | | | AT HOME CARE LLC |
| Lic Expire | 09/30/2019 | | | | | 1109 BROOK AVE |
| Medicare 1: | 459071 | | | | | WICHITA FALLS, TX 76301 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 766-4663 | Fax | (940) 766-2236 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHARLENE CLUTE | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/10/2002 | Owner Information |
| License # | 008104 | | | | | BESTCARE HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 5800 KELL WEST BLVD SUITE 500 |
| Medicare 1: | 679231 | | | | | WICHITA FALLS, TX 76310 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 692-9824 | Fax | (940) 692-4163 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ROBERT W RICHEY | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/02/2009 | Owner Information |
| License # | 012834 | | | | | BESTCARE SPECIALTY SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 7215A BAKER BOULEVARD |
| Medicare 1: | | | | | | RICHLAND HILLS, TX 76118 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 692-9826 | Fax | (940) 692-4163 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROBERT W RICHEY | | | |
| County | WICHITA | Region | 02 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018386 | | | | | 27 HHA INC |
| Lic Expire | 08/31/2019 | | | | | 5340 LEGACY DRIVE STE 150 |
| Medicare 1: | 743162 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 696-8004 | Fax | (940) 696-8009 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JOYCE CRUMPLER | | | |
| County | WICHITA | Region | 02 | Date Licensed | 01/28/2016 | Owner Information |
| License # | 017245 | | | | | BEYONDFaITH HOSPICE OF JACKSBORO LLC |
| Lic Expire | 01/31/2018 | | | | | 602 OAK ST |
| Medicare 1: | 741656 | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 696-8901 | Fax | (940) 696-8902 | | | Hospice |
| Type: | Parent Agency | Administrator | MITZI G THOMAS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|-------------------|---------------|------------|--|
| County | WICHITA | Region | 02 | Date Licensed | 07/03/2008 | <u>Owner Information</u> |
| License # | 002242 | | | | | CAPROCK HOME HEALTH SERVICES INC |
| Lic Expire | 09/30/2018 | | | | | 8806 UNIVERSITY AVENUE |
| Medicare 1: | | | | | | LUBBOCK, TX 79423 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 761-1119 | Fax | (940) 761-3240 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JOHN PENA | | | |
| County | WICHITA | Region | 02 | Date Licensed | 10/31/2015 | <u>Owner Information</u> |
| License # | 017180 | | | | | CTWF LLC |
| Lic Expire | 10/31/2019 | | | | | PO BOX 5042 |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76307 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 723-5273 | Fax | (940) 723-5277 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LACEY MORGAN | | | |
| County | WICHITA | Region | 02 | Date Licensed | 01/13/2017 | <u>Owner Information</u> |
| License # | 017399 | | | | | DAYBREAK COMMUNITY SERVICES TEXAS LLC |
| Lic Expire | 05/31/2018 | | | | | 4100 INTERNATIONAL PLAZA SUITE 800 |
| Medicare 1: | | | | | | FORT WORTH, TX 76109 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 689-8668 | Fax | (940) 689-8670 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | KIRK COATES | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/28/2013 | <u>Owner Information</u> |
| License # | 015831 | | | | | ENCOMPASS HOME HEALTH OF WICHITA FALLS |
| Lic Expire | 09/30/2019 | | | | | 4001 CEDAR ELM LANE |
| Medicare 1: | 678008 | | | | | WICHITA FALLS, TX 76308 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 691-2273 | Fax | (940) 691-3364 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LINDA FARRIS | | | |
| County | WICHITA | Region | 02 | Date Licensed | 10/06/2015 | <u>Owner Information</u> |
| License # | 017233 | | | | | ENCOMPASS HOME HEALTH OF WICHITA FALLS |
| Lic Expire | 10/31/2019 | | | | | 4001 CEDER ELM LANE |
| Medicare 1: | 679665 | | | | | WICHITA FALLS, TX 76308 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 691-2273 | Fax | (940) 691-3364 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | LINDA FARRIS | | | |
| County | WICHITA | Region | 02 | Date Licensed | 03/01/2011 | <u>Owner Information</u> |
| License # | 014102 | | | | | FALLS HOME HEALTH SERVICES INC |
| Lic Expire | 02/28/2019 | | | | | 1401 HOLLIDAY SUITE 216 |
| Medicare 1: | 677259 | | | | | WICHITA FALLS, TX 76301 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 766-1990 | Fax | (940) 766-0064 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | ROBERT DANA TERRY | | | |
| County | WICHITA | Region | 02 | Date Licensed | 10/31/2016 | <u>Owner Information</u> |
| License # | 017926 | | | | | HEALING HANDS HEALTHCARE LLC |
| Lic Expire | 10/31/2018 | | | | | 901 INDIANA AVE STE # 665 |
| Medicare 1: | 677101 | | | | | WICHITA FALLS, TX |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 432-0588 | Fax | (940) 432-0275 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | SUMMER NAPIER | | | |
| County | WICHITA | Region | 02 | Date Licensed | 01/22/2018 | <u>Owner Information</u> |
| License # | 018568 | | | | | HEALING HANDS PRIMARY HOME CARE LLC |
| Lic Expire | 01/31/2020 | | | | | 901 INDIANA AVE SUIE 665 |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76301 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 432-0588 | Fax | (940) 432-0275 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SUMMER NAPIER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------------|---------------|------------|--|
| County | WICHITA | Region | 02 | Date Licensed | 12/15/1997 | Owner Information |
| License # | 006260 | | | | | HEALTHPRO HOME HEALTH SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | PO BOX 4083 |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76308 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 692-0599 | Fax | (940) 692-0580 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | CHERI ROQUEMORE | | | |
| County | WICHITA | Region | 02 | Date Licensed | 01/31/2013 | Owner Information |
| License # | 015461 | | | | | PREVAILING GRACE LLC |
| Lic Expire | 01/31/2019 | | | | | 900 8TH STREET SUITE 720 |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76301 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 322-4472 | Fax | (940) 322-4475 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TIFFANY OLIVER | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/22/1988 | Owner Information |
| License # | 001947 | | | | | HOSPICE OF WICHITA FALLS INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 4804 |
| Medicare 1: | 451526 | | | | | WICHITA FALLS, TX 76308 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 691-0982 | Fax | (940) 687-1294 | | | Hospice |
| Type: | Parent Agency | Administrator | ALISA DELL ECHOLS | | | |
| County | WICHITA | Region | 02 | Date Licensed | 11/25/2015 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 767-1611 | Fax | (940) 767-1613 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | |
| County | WICHITA | Region | 02 | Date Licensed | 11/01/2003 | Owner Information |
| License # | 008793 | | | | | F C OF TEXAS INC |
| Lic Expire | 10/31/2019 | | | | | 4055 VALLEY VIEW LANE SUITE 750 |
| Medicare 1: | 677297 | | | | | DALLAS, TX 75244 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 696-9239 | Fax | (940) 696-9678 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | RHONDA K SCHREIBER | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/01/2016 | Owner Information |
| License # | 017913 | | | | | EUREKA HEALTHCARE INC |
| Lic Expire | 08/31/2018 | | | | | 27101 PUERTA REAL SUITE 450 |
| Medicare 1: | | | | | | MISSION VIEJO, CA 92691 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 696-5700 | Fax | (325) 437-4018 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JONATHAN TRAVIS JONES | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/20/2009 | Owner Information |
| License # | 012938 | | | | | INTEGRACARE OF WICHITA FALLS LLC |
| Lic Expire | 09/30/2019 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 677249 | | | | | OVERLAND PARK, TX 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 720-0514 | Fax | (940) 720-0713 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | JODY FOUNTAIN | | | |
| County | WICHITA | Region | 02 | Date Licensed | 09/02/2008 | Owner Information |
| License # | 012422 | | | | | COMPASS HOSPICE INC |
| Lic Expire | 09/30/2018 | | | | | 2559 S W GRAPEVINE PARKWAY SUITE 300 |
| Medicare 1: | 451716 | | | | | GRAPEVINE, TX 76051 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 716-9035 | Fax | (940) 716-9094 | | | Hospice |
| Type: | Parent Agency | Administrator | KELLY BUMPAS | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | WICHITA | Region | 02 | Date Licensed | 03/19/2014 | Owner Information |
| License # | 016098 | | | | | BBWK ENTERPRISES, LLC |
| Lic Expire | 03/31/2018 | | | | | PO BOX 2009 |
| Medicare 1: | 747963 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 552-2230 | Fax | (940) 552-2250 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALILA GARZA | | | |
| County | WICHITA | Region | 02 | Date Licensed | 05/07/2014 | Owner Information |
| License # | 016188 | | | | | BBWK ENTERPRISES, LLC |
| Lic Expire | 05/31/2018 | | | | | PO BOX 2009 |
| Medicare 1: | | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 234-0034 | Fax | (940) 234-0033 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALILA GARZA | | | |
| County | WICHITA | Region | 02 | Date Licensed | 04/14/2009 | Owner Information |
| License # | 012545 | | | | | BBWK ENTERPRISES, LLC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 2009 |
| Medicare 1: | 747523 | | | | | FORNEY, TX 75126 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 761-3223 | Fax | (940) 761-3298 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DALILA GARZA | | | |
| County | WICHITA | Region | 02 | Date Licensed | 03/03/2017 | Owner Information |
| License # | 017942 | | | | | NOSIDRAH ENTERPRISES LLC |
| Lic Expire | 03/31/2019 | | | | | 4502 LAKE PARK DRIVE |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76302 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 782-9089 | Fax | (940) 293-9953 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | KRISTIN HARDISON | | | |
| County | WICHITA | Region | 02 | Date Licensed | 12/31/2008 | Owner Information |
| License # | 012423 | | | | | WICHITA FALLS TEXAS HOME CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 4000 MERIDAN BLVD |
| Medicare 1: | 677194 | | | | | FRANKLIN, TN 37067 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 322-1672 | Fax | (940) 322-1019 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | SYDNEY BORGMAN | | | |
| County | WICHITA | Region | 02 | Date Licensed | 08/25/2006 | Owner Information |
| License # | 007336 | | | | | OUTREACH HEALTH COMMUNITY CARE SERVICES LP |
| Lic Expire | 05/31/2019 | | | | | 269 WEST RENNER PARKWAY |
| Medicare 1: | | | | | | RICHARDSON, TX 75080 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 766-0571 | Fax | (940) 766-4878 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | BEVERLY STURGEON | | | |
| County | WICHITA | Region | 02 | Date Licensed | 05/16/1995 | Owner Information |
| License # | 003390 | | | | | WICHITA FALLS RETIREMENT FOUNDATION |
| Lic Expire | 05/31/2019 | | | | | 3006 MCNEIL |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76309 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 691-7511 | Fax | (940) 696-5154 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DORA DRIVER | | | |
| County | WICHITA | Region | 02 | Date Licensed | 12/20/2011 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | WICHITA | Region | 02 | Date Licensed | 12/03/2013 | Owner Information |
| License # | 015894 | | | | | WOODS HOMECARE INC |
| Lic Expire | 12/31/2019 | | | | | 1401 HOLLIDAY STE #330 |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76301 |
| Medicare 2: | | | | | | |
| Phone | (940) 257-6265 | Fax | (940) 257-6534 | | | Services: |
| Type: | Parent Agency | Administrator | DERIK SCHNEIDER | | | Personal Assistance Services |
| County | WICHITA | Region | 02 | Date Licensed | 04/01/1988 | Owner Information |
| License # | 001943 | | | | | WICHITA HOME HEALTH SERVICE INC |
| Lic Expire | 03/31/2018 | | | | | 3202 SAM HOUSTON DRIVE |
| Medicare 1: | 457047 | | | | | VICTORIA, TX 77904 |
| Medicare 2: | | | | | | |
| Phone | (940) 322-7113 | Fax | (940) 766-6025 | | | Services: |
| Type: | Parent Agency | Administrator | CYNTHIA BRAGG | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WILBARGER | Region | 02 | Date Licensed | 01/07/2002 | Owner Information |
| License # | 005429 | | | | | FIRST CHOICE COMMUNITY HOME CARE INC |
| Lic Expire | 04/30/2018 | | | | | 4309 JACKSBORO HIGHWAY SUITE 101 |
| Medicare 1: | 45Q9298001 | | | | | WICHITA FALLS, TX 76302 |
| Medicare 2: | | | | | | |
| Phone | (940) 553-1300 | Fax | (940) 553-1305 | | | Services: |
| Type: | Branch Agency | Administrator | SUE ANNE WATTS | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WILBARGER | Region | 02 | Date Licensed | 05/14/2014 | Owner Information |
| License # | 001947 | | | | | HOSPICE OF WICHITA FALLS INC |
| Lic Expire | 09/30/2019 | | | | | PO BOX 4804 |
| Medicare 1: | | | | | | WICHITA FALLS, TX 76308 |
| Medicare 2: | | | | | | |
| Phone | (940) 691-0982 | Fax | (940) 552-2247 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | ALISA DELL ECHOLS | | | Hospice |
| County | WILBARGER | Region | 02 | Date Licensed | 03/29/1995 | Owner Information |
| License # | 003251 | | | | | WILBARGER COUNTY HOSPITAL DISTRICT |
| Lic Expire | 03/31/2018 | | | | | 920 HILLCREST DRIVE |
| Medicare 1: | 458423 | | | | | VERNON, TX 76384 |
| Medicare 2: | | | | | | |
| Phone | (940) 553-2825 | Fax | (940) 553-2981 | | | Services: |
| Type: | Parent Agency | Administrator | BARBIE LYTLE | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WILBARGER | Region | 02 | Date Licensed | 07/26/2011 | Owner Information |
| License # | 014404 | | | | | VERNON HOME HEALTH CARE AGENCY LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER ST #400 |
| Medicare 1: | 45Q7124001 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 937-7019 | Fax | (940) 937-8112 | | | Services: |
| Type: | Branch Agency | Administrator | SAMUEL WHATLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WILBARGER | Region | 02 | Date Licensed | 07/26/2011 | Owner Information |
| License # | 014404 | | | | | VERNON HOME HEALTH CARE AGENCY LLC |
| Lic Expire | 07/31/2019 | | | | | 12900 FOSTER ST #400 |
| Medicare 1: | 457124 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 552-5351 | Fax | (940) 553-4152 | | | Services: |
| Type: | Parent Agency | Administrator | SAMUEL WHATLEY | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WILLACY | Region | 11 | Date Licensed | 06/22/2017 | Owner Information |
| License # | 018125 | | | | | AHAPPY HOME HOME CARE LLC |
| Lic Expire | 06/30/2019 | | | | | 34481 FM 1421 |
| Medicare 1: | | | | | | SAN BENITO, TX 78586 |
| Medicare 2: | | | | | | |
| Phone | (956) 459-0899 | Fax | | | | Services: |
| Type: | Parent Agency | Administrator | ADRIANA E GONZALEZ | | | Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|---------------------|---------------|------------|---|
| County | WILLACY | Region | 11 | Date Licensed | 10/17/2016 | Owner Information |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | Services: |
| Phone | (956) 412-1401 | Fax | (956) 412-7952 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 01/21/2005 | Owner Information |
| License # | 009538 | | | | | HEAVENLY CAREGIVER SERVICES INC |
| Lic Expire | 01/31/2019 | | | | | 13266 POND SPRINGS RD |
| Medicare 1: | | | | | | AUSTIN, TX 78729 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 432-5503 | Fax | (512) 340-0556 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ALICE COLE LATINO | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/15/2014 | Owner Information |
| License # | 016597 | | | | | LAKE AREA HOME HEALTH INC |
| Lic Expire | 09/30/2018 | | | | | 1011 WESTLAKE DRIVE #201 |
| Medicare 1: | 457986 | | | | | AUSTIN, TX 78746 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 259-8444 | Fax | (512) 259-8440 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | MARTHA CASE BURGESS | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 04/09/2015 | Owner Information |
| License # | 016731 | | | | | B.C. COLLINS HOME HEALTH CARE CORPORATION, LLC |
| Lic Expire | 04/30/2019 | | | | | 2612 BYFIELD DRIVE |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 870-7395 | Fax | (512) 456-7450 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | FLORENCE TUBONEMI | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/19/2017 | Owner Information |
| License # | 018520 | | | | | BLUE WATER HOMECARE LLC |
| Lic Expire | 12/31/2019 | | | | | 2104 NAN LANE |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 698-8450 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JENNIFER PRESCOTT | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/28/2017 | Owner Information |
| License # | 018213 | | | | | EMERALD CHOICE HOME CARE SOLUTIONS LLC |
| Lic Expire | 07/31/2019 | | | | | 1500 FLINTWOOD DR |
| Medicare 1: | | | | | | RICHARDSON, TX 75081 |
| Medicare 2: | | | | | | Services: |
| Phone | (561) 385-3448 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TAMIRAT BEKELE | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 11/01/2017 | Owner Information |
| License # | 018417 | | | | | RTA CARE GROUP CORPORATION |
| Lic Expire | 10/31/2019 | | | | | 930 S BELL # 203 |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 222-6196 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RONALD TAYLOR | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 05/24/2017 | Owner Information |
| License # | 018072 | | | | | KINESIS HOME CARE LLC |
| Lic Expire | 05/31/2019 | | | | | 3122 ARGENTO PLACE |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (844) 892-5865 | Fax | (512) 215-4413 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | DANIEL SUKU JEZREEL | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|--------------------------|---------------|------------|--|
| County | WILLIAMSON | Region | 07 | Date Licensed | 02/07/2013 | Owner Information |
| License # | 006339 | | | | | LA FAMILIA HEALTH INC |
| Lic Expire | 02/28/2018 | | | | | 2720 E YANDELL DR STE 106 |
| Medicare 1: | | | | | | EL PASO, TX 79903 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 428-4052 | Fax | (512) 428-4053 | | | Personal Assistance Services |
| Type: | Branch Agency | Administrator | ELSA I LUEVANO VELAZQUEZ | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 10/03/2017 | Owner Information |
| License # | 018355 | | | | | LONE STAR RESPITE CARE LLC |
| Lic Expire | 10/31/2019 | | | | | 1507 CEDRUS RD |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 609-0103 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LISA WALKER | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 03/08/1996 | Owner Information |
| License # | 004826 | | | | | OPTUM WOMEN'S AND CHILDREN'S HEALTH, LLC |
| Lic Expire | 03/31/2019 | | | | | 3200 WINDY HILL ROAD, SUITE B-100 |
| Medicare 1: | | | | | | ATLANTA, GA 30339 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 260-1115 | Fax | (678) 355-4051 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CORAL NASH | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/26/2012 | Owner Information |
| License # | 015251 | | | | | VINEYARD HEALTH SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | 3936 BOWSTRING BEND |
| Medicare 1: | | | | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 238-0222 | Fax | (512) 238-0212 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARIA ELENA GUTIERREZ | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 01/10/2000 | Owner Information |
| License # | 007220 | | | | | CARING HOME HEALTH |
| Lic Expire | 01/31/2019 | | | | | 504-B LEANDER ROAD |
| Medicare 1: | | | | | | GEORGETOWN, TX 78626 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 863-4748 | Fax | (512) 869-2900 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | BILLY E. CUMMINGS | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/01/2015 | Owner Information |
| License # | 016937 | | | | | ENCOMPASS HOME HEALTH OF GEORGETOWN |
| Lic Expire | 06/30/2019 | | | | | 285 SE INNER LOOP SUITE 108 |
| Medicare 1: | 679647 | | | | | GEORGETOWN, TX 78626 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 763-1393 | Fax | (512) 763-1419 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ANNABEL LINSOMB | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/15/2011 | Owner Information |
| License # | 014348 | | | | | SECOND GEN VENTURES INCORPORATED |
| Lic Expire | 09/30/2019 | | | | | 2700 SHELL ROAD |
| Medicare 1: | 747887 | | | | | GEORGETOWN, TX 78628 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 843-0117 | Fax | (512) 843-0127 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ERIC CORUM | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 05/23/2017 | Owner Information |
| License # | 018067 | | | | | MICHELLE D MORALES / LUPITA RODRIGUEZ |
| Lic Expire | 05/31/2019 | | | | | 2513 WINSLOW DR |
| Medicare 1: | | | | | | LEANDER, TX 78641 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 212-1921 | Fax | (512) 646-2629 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MICHELLE MORALES | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

| | | | | | | |
|-------------|-------------------|---------------|-------------------|---------------|------------|---|
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/09/2014 | <u>Owner Information</u> |
| License # | 016574 | | | | | HOME HEALTH CARE SERVICES LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 200 |
| Medicare 1: | | | | | | AUGUSTA, GA 30903 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 342-1091 | Fax | (512) 342-1093 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | VIRGINIA MINDIETA | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 02/02/2018 | <u>Owner Information</u> |
| License # | 018591 | | | | | BOUDINE & ASSOCIATES LLC |
| Lic Expire | 02/29/2020 | | | | | 633 PINNACLE DRIVE |
| Medicare 1: | | | | | | GEORGETOWN, TX 78626 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 809-9944 | Fax | | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BO DONOHOO | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/08/2005 | <u>Owner Information</u> |
| License # | 009947 | | | | | BETHANY HOSPICE LLC |
| Lic Expire | 09/30/2019 | | | | | 12900 FOSTER SUITE#400 |
| Medicare 1: | 671517 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 868-0505 | Fax | (512) 868-0622 | | | Hospice |
| Type: | Parent Agency | Administrator | JESSICA LAMOREAUX | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 03/30/2017 | <u>Owner Information</u> |
| License # | 017978 | | | | | STRIVE HEALTH SERVICES LLC |
| Lic Expire | 03/31/2019 | | | | | 1915 S AUSTIN AVE STE 108 |
| Medicare 1: | | | | | | GEORGETOWN, TX 78626 |
| Medicare 2: | | | | | | Services: |
| Phone | (325) 450-2503 | Fax | | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | SIERRAH EDMONDS | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/18/2017 | <u>Owner Information</u> |
| License # | 018176 | | | | | TRANQUILITY HOSPICE CARE INC |
| Lic Expire | 07/31/2019 | | | | | 2700 SHELL ROAD |
| Medicare 1: | | | | | | GEORGETOWN, TX 78628 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 688-5607 | Fax | (512) 436-0802 | | | Hospice |
| Type: | Parent Agency | Administrator | CLEVELAND H BURNS | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/08/2010 | <u>Owner Information</u> |
| License # | 014003 | | | | | RYNOMAN INC |
| Lic Expire | 12/31/2018 | | | | | 707 S. MAIN STREET, SUITE#201 |
| Medicare 1: | | | | | | GEORGETOWN, TX 78626 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 259-8335 | Fax | (512) 259-9115 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | RYAN SEARIGHT | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 01/01/2016 | <u>Owner Information</u> |
| License # | 017320 | | | | | WESLEYAN HOMES INC |
| Lic Expire | 12/31/2017 | | | | | PO BOX 486 |
| Medicare 1: | 457709 | | | | | GEORGETOWN, TX 78627 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 869-5800 | Fax | (512) 869-2494 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ROSEMARY TREVINO | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 08/01/2011 | <u>Owner Information</u> |
| License # | 014240 | | | | | WESLEYAN HOMES INC. |
| Lic Expire | 07/31/2019 | | | | | P. O. BOX 486 |
| Medicare 1: | 671546 | | | | | GEORGETOWN, TX 78627 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 863-8848 | Fax | (512) 863-3117 | | | Hospice |
| Type: | Parent Agency | Administrator | MICHAEL TURNER | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-----------------|---------------|------------|--|
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/22/2017 | <u>Owner Information</u> |
| License # | 018529 | | | | | STICK CHICK ENTERPRISES, LLC |
| Lic Expire | 12/31/2019 | | | | | 17630 FM 963 |
| Medicare 1: | | | | | | BERTRAM, TX 78728 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 234-0803 | Fax | (512) 715-9659 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | LEE ANN GROVES | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 05/14/2014 | <u>Owner Information</u> |
| License # | 016208 | | | | | MARANATHA CARE HOME HEALTH LLC |
| Lic Expire | 05/31/2018 | | | | | 115 DOUBLE CREEK DRIVE |
| Medicare 1: | 747957 | | | | | JARRELL, TX 76537 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 746-5147 | Fax | (512) 697-8273 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | GENNA RANSBURG | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 10/05/2004 | <u>Owner Information</u> |
| License # | 009343 | | | | | KINDSTAR INC |
| Lic Expire | 10/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | 457821 | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 238-6000 | Fax | (512) 238-9559 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | DEBBIE BRYSON | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 01/14/2015 | <u>Owner Information</u> |
| License # | 009272 | | | | | KINDSTAR INC |
| Lic Expire | 08/31/2019 | | | | | P.O. BOX 50805 |
| Medicare 1: | | | | | | DENTON, TX 76206 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 255-6430 | Fax | (512) 238-9559 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | JUDY CRETORS | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 04/29/2014 | <u>Owner Information</u> |
| License # | 016340 | | | | | ALTUS HOSPICE OF AUSTIN LP |
| Lic Expire | 04/30/2018 | | | | | 11233 SHADOW CREEK PWY STE#313 |
| Medicare 1: | 671714 | | | | | PEARLAND, TX 77584 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 614-2851 | Fax | (512) 614-2932 | | | Hospice |
| Type: | Parent Agency | Administrator | JENNIFER ASBELL | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 04/11/2016 | <u>Owner Information</u> |
| License # | 017349 | | | | | WESTERN CARE INC |
| Lic Expire | 04/30/2018 | | | | | 1104 S MAYS STE 206 |
| Medicare 1: | | | | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 580-5120 | Fax | (512) 580-5116 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | JESSICA SANCHEZ | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 05/23/2001 | <u>Owner Information</u> |
| License # | 007626 | | | | | APICON HOME HEALTH AGENCY INC |
| Lic Expire | 05/31/2019 | | | | | 1800 ROUND ROCK AVENUE |
| Medicare 1: | 679088 | | | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 249-0899 | Fax | (512) 249-0892 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | CECILIA OBILOM | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|-------------------------|---------------|------------|--|
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/18/2015 | Owner Information |
| License # | 017036 | | | | | APICON PERSONAL CARE ASSISTANT AND COMMUNITY CARE SERVICES I |
| Lic Expire | 09/30/2019 | | | | | 1850 ROUND ROCK AVE., STE#700 |
| Medicare 1: | | | | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | |
| Phone | (512) 740-7466 | Fax | (512) 610-0679 | | | Services: |
| Type: | Parent Agency | Administrator | CECILIA OBILOM | | | Personal Assistance Services |
| County | WILLIAMSON | Region | 07 | Date Licensed | 02/22/2016 | Owner Information |
| License # | 017282 | | | | | CHM ADULT CARE CENTER CO |
| Lic Expire | 02/28/2018 | | | | | 2524 ARBOR DRIVE |
| Medicare 1: | | | | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | |
| Phone | (512) 965-4924 | Fax | (512) 436-3923 | | | Services: |
| Type: | Parent Agency | Administrator | XINBO ZHANG | | | Licensed Home Health Services, Personal Assistance Services |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/16/2015 | Owner Information |
| License # | 017185 | | | | | CHRISTY GRACE HEALTH CENTER INC |
| Lic Expire | 12/31/2019 | | | | | 2000 SOUTH INTERSTATE 35, SUITE Q&C |
| Medicare 1: | | | | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | |
| Phone | (512) 586-9963 | Fax | (512) 271-8358 | | | Services: |
| Type: | Parent Agency | Administrator | ROSESHARON IYAMU | | | Licensed Home Health Services, Personal Assistance Services |
| County | WILLIAMSON | Region | 07 | Date Licensed | 02/20/2004 | Owner Information |
| License # | 008925 | | | | | GILEAD HEALTH CARE INC |
| Lic Expire | 02/28/2018 | | | | | 8011- B CAMERON ROAD |
| Medicare 1: | 679474 | | | | | AUSTIN, TX 78754 |
| Medicare 2: | | | | | | |
| Phone | (512) 323-5858 | Fax | (512) 323-5860 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNMILAYO OGUNLEYE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/28/2016 | Owner Information |
| License # | 017819 | | | | | GILEAD HOSPICE LLC |
| Lic Expire | 12/31/2018 | | | | | 2300 GREENHILL DRIVE SUITE 530 |
| Medicare 1: | 741701 | | | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | |
| Phone | (512) 215-5238 | Fax | (512) 215-5254 | | | Services: |
| Type: | Parent Agency | Administrator | OLUFUNMILAYO B OGUNLEYE | | | Hospice |
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/18/2015 | Owner Information |
| License # | 017038 | | | | | GLADY'S EZIMAKO |
| Lic Expire | 09/30/2019 | | | | | 1205 WATER SPANIEL WAY |
| Medicare 1: | | | | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | |
| Phone | (512) 212-1108 | Fax | (512) 212-1168 | | | Services: |
| Type: | Parent Agency | Administrator | GLADYS EZIMAKO | | | Personal Assistance Services |
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/16/2014 | Owner Information |
| License # | 016312 | | | | | GUIDING HOSPICE INC |
| Lic Expire | 07/31/2018 | | | | | 1000 HERITAGE CENTER CIRCLE |
| Medicare 1: | 741557 | | | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | |
| Phone | (512) 368-7275 | Fax | (512) 682-7465 | | | Services: |
| Type: | Parent Agency | Administrator | PATRICIA GONZALEZ | | | Hospice |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|----------------------------|---------------|------------|--|
| County | WILLIAMSON | Region | 07 | Date Licensed | 11/15/2013 | Owner Information |
| License # | 015984 | | | | | MURPHY FAMILY INVESTMENTS INC |
| Lic Expire | 11/30/2019 | | | | | 2851 JOE DIMAGGIO BLVD., #8 |
| Medicare 1: | | | | | | ROUND ROCK, TX 78665 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 374-1414 | Fax | (512) 374-1469 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | TYSON MURPHY | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/01/2017 | Owner Information |
| License # | 018479 | | | | | GRACE PARTAKERS HOMECARE LLC |
| Lic Expire | 11/30/2019 | | | | | 1104 SOUTH MAYS STREET, SUITE#118 |
| Medicare 1: | | | | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 992-5210 | Fax | (512) 201-4390 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | ADEKOYA ADEDOLAPO TIWALADE | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 01/20/2011 | Owner Information |
| License # | 013855 | | | | | CLP REGENCY OF TEXAS, LLC |
| Lic Expire | 01/31/2019 | | | | | 10 CADILLAC DRIVE STE 400 |
| Medicare 1: | 671628 | | | | | BRENTWOOD, TN 37027 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 246-7127 | Fax | (512) 246-7048 | | | Hospice |
| Type: | Parent Agency | Administrator | DAWN KINDHART | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 04/26/2017 | Owner Information |
| License # | 018188 | | | | | TEXAS HOME HEALTHCARE PARTNERS LP |
| Lic Expire | 04/30/2019 | | | | | 700 HIGHLANDER SUITE 160 |
| Medicare 1: | 457661 | | | | | ARLINGTON, TX 76015 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 733-1515 | Fax | (512) 733-1525 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | HEIDI TINCH | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 08/11/2016 | Owner Information |
| License # | 017570 | | | | | LOVELY SAINTS HOME CARE INC |
| Lic Expire | 08/31/2018 | | | | | 1508 HIDDEN SPRINGS PATH |
| Medicare 1: | | | | | | ROUND ROCK, TX 78665 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 998-1276 | Fax | (512) 494-5724 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MAUREEN OKOYE | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 02/20/2017 | Owner Information |
| License # | 017517 | | | | | ANGEL HEART HOSPICE LLC |
| Lic Expire | 01/31/2018 | | | | | PO BOX 4060 |
| Medicare 1: | 671502 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 864-0644 | Fax | (512) 864-0744 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | ANDRES GONZALES | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/30/2005 | Owner Information |
| License # | 010220 | | | | | OVATIONS HEALTHCARE SERVICES INC |
| Lic Expire | 12/31/2018 | | | | | 3000 JOE DIMAGGIO BOULEVARD STE#9 |
| Medicare 1: | | | | | | ROUND ROCK, TX 78665 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 771-6193 | Fax | (512) 692-9142 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | OJ DOUGLAS IGWE | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/19/2016 | Owner Information |
| License # | 017801 | | | | | NICA HOME CARE LLC |
| Lic Expire | 12/31/2018 | | | | | 2800 LA FRONTERA BLVD APT 3018 |
| Medicare 1: | | | | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 814-0051 | Fax | (512) 294-2847 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | BERTRAND C EZEMA EZEMA | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|---|---------------|------------|--|
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/25/2017 | Owner Information |
| License # | 018339 | | REHABCARE | | | REHABCARE GROUP EAST INC |
| Lic Expire | 09/30/2019 | | 2851 JOE DIMAGGIO BLVD, BLDG 6, UNIT 12 | | | 5720 LBJ FREEWAY SUITE 190 |
| Medicare 1: | | | ROUND ROCK, TX 78665 | | | DALLAS, TX 75240 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 244-4368 | Fax | (512) 255-6056 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | VARSHA PRABHU | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 03/04/2016 | Owner Information |
| License # | 017507 | | RIGHT AT HOME HILL COUNTRY | | | TJ DARILEK II INC |
| Lic Expire | 03/31/2018 | | 2681 GATTIS SCHOOL RD STE 250 | | | PO BOX 8641 |
| Medicare 1: | | | ROUND ROCK, TX 78664 | | | THE WOODLANDS, TX 77387 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 531-9453 | Fax | (512) 853-9387 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | SYDNEY GREENWALT | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 03/21/2014 | Owner Information |
| License # | 016224 | | ROYALTY CARE HOME HEALTH SERVICES INC | | | ROYALTY CARE HOME HEALTH SERVICES INC |
| Lic Expire | 03/31/2018 | | 3000 JOE DIMAGGIO BLVD SUITE 30 | | | 3000 JOE DIMAGGIO BLVD., STE#30 |
| Medicare 1: | 747022 | | ROUND ROCK, TX 78665 | | | ROUND ROCK, TX 78665 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 244-4254 | Fax | (512) 255-0314 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | FEBRONIA LWENJE | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/30/2009 | Owner Information |
| License # | 012877 | | SENIOR HELPERS | | | HILL COUNTRY CAREGIVERS INC |
| Lic Expire | 09/30/2019 | | 1201 SAM BASS ROAD | | | 1201 SAM BASS ROAD |
| Medicare 1: | | | ROUND ROCK, TX 78681 | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 338-4357 | Fax | (512) 597-3109 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | MOIRE K HAYES | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 12/09/2011 | Owner Information |
| License # | 010520 | | STANDARDS HOME HEALTH | | | STANDARD REGIONAL HOME HEALTH INC |
| Lic Expire | 03/31/2019 | | 4801 UNIVERSITY BLVD SUITE 400 | | | 111 W 2ND STREET |
| Medicare 1: | | | ROUND ROCK, TX 78665 | | | CAMERON, TX 76520 |
| Medicare 2: | | | | | | Services: |
| Phone | (888) 671-7007 | Fax | (888) 553-7575 | | | Licensed Home Health Services |
| Type: | Branch Agency | Administrator | RICKY GARCIA | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 08/03/2017 | Owner Information |
| License # | 018221 | | STATE65 HOME CARE CORP | | | STATE65 HOME CARE CORP |
| Lic Expire | 08/31/2019 | | 1004 S MAYS, STE 101 | | | 1004 SOUTH MAYS SUITE 101 |
| Medicare 1: | | | ROUND ROCK, TX 78664 | | | ROUND ROCK, TX 78664 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 426-3120 | Fax | (512) 218-0904 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | GABRIEL ARCE-CASTRO | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/27/2013 | Owner Information |
| License # | 015885 | | THERACARE HOME HEALTH | | | CANTEX HOME HEALTH AUSTIN LLC |
| Lic Expire | 09/30/2019 | | 525 ROUND ROCK WEST DRIVE SUITE A170 | | | 525 ROUND ROCK WEST DRIVE, SUITE#A170 |
| Medicare 1: | 679293 | | ROUND ROCK, TX 78681 | | | ROUND ROCK, TX 78681 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 459-4663 | Fax | (512) 459-4665 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIMBERLY FULLENWIDER | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 04/11/2013 | Owner Information |
| License # | 015475 | | TOTAL CARE HOME HEALTH INC | | | TOTAL CARE HOME HEALTH INC |
| Lic Expire | 04/30/2019 | | 8237 ARZZO DRIVE | | | 12600 AVERY RANCH BLVD., APT#920 |
| Medicare 1: | | | ROUND ROCK, TX 78665 | | | CEDAR PARK, TX 78613 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 367-9049 | Fax | (512) 727-9209 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH HALL- MOTEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------|---------------|---------------------|---------------|------------|--|
| County | WILLIAMSON | Region | 07 | Date Licensed | 09/01/2004 | Owner Information |
| License # | 009281 | | | | | CAREGIVERS HOME HEALTH TEXAS INC |
| Lic Expire | 08/31/2018 | | | | | 7171 HWY 6 NORTH SUITE 130 |
| Medicare 1: | | | | | | HOUSTON, TX 77095 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 716-3903 | Fax | (512) 716-3935 | | | Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | JANET BOWLES | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 07/15/2013 | Owner Information |
| License # | 015650 | | | | | TRANSCEND HOMECARE SERVICES, LLC |
| Lic Expire | 07/31/2019 | | | | | 8100 CAMERON ROAD, STE#B-200 |
| Medicare 1: | | | | | | AUSTIN, TX 78754 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 491-0054 | Fax | (512) 323-5860 | | | Personal Assistance Services |
| Type: | Parent Agency | Administrator | OLABODE T. OGUNLEYE | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 01/11/2012 | Owner Information |
| License # | 014569 | | | | | UNIC HOME HEALTHCARE INC |
| Lic Expire | 01/31/2020 | | | | | 3000 JOE DIMAGGIO BLVD SUITE #92 |
| Medicare 1: | 747913 | | | | | ROUND ROCK, TX 78665 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 388-1415 | Fax | (512) 388-1419 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | STELLA NWAORO | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 02/17/2016 | Owner Information |
| License # | 017276 | | | | | VALERIAN HOME HEALTH AND HOSPICE |
| Lic Expire | 02/28/2018 | | | | | 8310-1 CAPITAL TEXAS HIGHWAY STE#275 |
| Medicare 1: | 747935 | | | | | AUSTIN, TX 78731 |
| Medicare 2: | 741521 | | | | | Services: |
| Phone | (512) 248-0016 | Fax | (512) 248-2234 | | | Licensed and Certified Home Health Services, Hospice |
| Type: | Parent Agency | Administrator | TED M. WITTEK | | | |
| County | WILLIAMSON | Region | 07 | Date Licensed | 08/01/2017 | Owner Information |
| License # | 018337 | | | | | TEXAS HOME HEALTH GROUP OF TAYLOR LLC |
| Lic Expire | 07/31/2019 | | | | | 3118 NORTH MAIN STREET STE 107 |
| Medicare 1: | 677035 | | | | | TAYLOR, TX 76574 |
| Medicare 2: | | | | | | Services: |
| Phone | (512) 352-1311 | Fax | (512) 352-3004 | | | Licensed and Certified Home Health Services |
| Type: | Parent Agency | Administrator | LISA WELTER | | | |
| County | WILSON | Region | 08 | Date Licensed | 03/28/1994 | Owner Information |
| License # | 002830 | | | | | WILSON COUNTY MEMORIAL HOSPITAL DISTRICT |
| Lic Expire | 03/31/2019 | | | | | 499 10TH STREET |
| Medicare 1: | 458056 | | | | | FLORESVILLE, TX 78114 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 393-1540 | Fax | (830) 393-1550 | | | Licensed and Certified Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | LAQUANNA DOBBINS | | | |
| County | WILSON | Region | 08 | Date Licensed | 11/02/1994 | Owner Information |
| License # | 003245 | | | | | NURSES IN TOUCH INC |
| Lic Expire | 11/30/2019 | | | | | 1414 F STREET |
| Medicare 1: | 451605 | | | | | FLORESVILLE, TX 78114 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 216-7111 | Fax | (830) 216-7115 | | | Hospice |
| Type: | Parent Agency | Administrator | MARY HELEN TIEKEN | | | |
| County | WILSON | Region | 08 | Date Licensed | 08/02/1990 | Owner Information |
| License # | 002137 | | | | | NURSES IN TOUCH INC |
| Lic Expire | 08/31/2018 | | | | | 1414 F STREET |
| Medicare 1: | 677271 | | | | | FLORESVILLE, TX 78114 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 216-7111 | Fax | (830) 216-7115 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | MARY HELEN TIEKEN | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------------|---------------|------------|--|
| County | WILSON | Region | 08 | Date Licensed | 06/30/2017 | Owner Information |
| License # | 018199 | | | | | SPEECH STRONG INC |
| Lic Expire | 06/30/2019 | | | | | 5886 DE ZAVALA RD #102-493 |
| Medicare 1: | | | | | | SAN ANTONIO, TX 78249 |
| Medicare 2: | | | | | | Services: |
| Phone | (210) 802-4808 | Fax | (210) 802-4809 | | | Licensed Home Health Services |
| Type: | Parent Agency | Administrator | KRISTY SILVA | | | |
| County | WILSON | Region | 08 | Date Licensed | 11/06/2017 | Owner Information |
| License # | 018542 | | | | | ADVANCED HH, LLC |
| Lic Expire | 11/30/2019 | | | | | 1064 E IRELAND ST |
| Medicare 1: | 67Q7247002 | | | | | SEGUIN, TX 78155 |
| Medicare 2: | | | | | | Services: |
| Phone | (830) 779-2835 | Fax | (830) 379-6388 | | | Licensed and Certified Home Health Services |
| Type: | Branch Agency | Administrator | MICHAEL THIEL | | | |
| County | WINKLER | Region | 09 | Date Licensed | 11/17/1995 | Owner Information |
| License # | 002412 | | | | | RURAL HOME HEALTH INC |
| Lic Expire | 11/30/2018 | | | | | PO BOX 935 |
| Medicare 1: | 67Q7562001 | | | | | CRANE, TX 79731 |
| Medicare 2: | | | | | | Services: |
| Phone | (432) 586-6922 | Fax | (432) 586-3526 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Branch Agency | Administrator | KANE KOLISEK | | | |
| County | WISE | Region | 03 | Date Licensed | 08/20/2007 | Owner Information |
| License # | 011650 | | | | | 34 HHA INC |
| Lic Expire | 08/31/2019 | | | | | PO BOX 1298 |
| Medicare 1: | 747087 | | | | | BRIDGEPORT, TX 76426 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 683-3300 | Fax | (940) 683-3302 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | KIM CANTRELL | | | |
| County | WISE | Region | 03 | Date Licensed | 08/04/2004 | Owner Information |
| License # | 009235 | | | | | INTERNATIONAL TUTORING SERVICES LLC |
| Lic Expire | 08/31/2018 | | | | | PO BOX 4060 ATTN: REGULATORY |
| Medicare 1: | 451780 | | | | | MOORESVILLE, NC 28117 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 683-3289 | Fax | (214) 956-8411 | | | Hospice |
| Type: | Alternate Delivery Site | Administrator | RANDALL HICKS | | | |
| County | WISE | Region | 03 | Date Licensed | 02/01/2016 | Owner Information |
| License # | 017542 | | | | | WISE COUNTY HOME HEALTH INC |
| Lic Expire | 01/31/2020 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 459238 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 683-6370 | Fax | (940) 683-2691 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Parent Agency | Administrator | ELIZABETH DIANNE ELLIOTT | | | |
| County | WISE | Region | 03 | Date Licensed | 03/31/2008 | Owner Information |
| License # | 011969 | | | | | HEMOCARELINK LTD |
| Lic Expire | 03/31/2018 | | | | | 14295 MIDWAY RD STE 400 |
| Medicare 1: | 679221 | | | | | ADDISON, TX 75001 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 442-5302 | Fax | (940) 442-5311 | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| Type: | Parent Agency | Administrator | ELIZABETH DIANNE ELLIOTT | | | |
| County | WISE | Region | 03 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210004 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | Services: |
| Phone | (940) 683-8171 | Fax | (940) 683-2475 | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|-------------------|---------------|------------|--|
| County | WISE | Region | 03 | Date Licensed | 05/07/2009 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | WISE | Region | 03 | Date Licensed | 03/08/2013 | Owner Information |
| License # | 015420 | | | | | A DIFFERENT KIND OF PERFECT PEDIATRIC THERAPY LLC |
| Lic Expire | 03/31/2019 | | | | | 211 CHEYENNE TRAIL |
| Medicare 1: | | | | | | RHOME, TX 76078 |
| Medicare 2: | | | | | | |
| Phone | (817) 823-9077 | Fax | (817) 887-3695 | | | Services: |
| Type: | Parent Agency | Administrator | ERIN BARNES | | | Licensed Home Health Services |
| County | WISE | Region | 03 | Date Licensed | 10/11/2005 | Owner Information |
| License # | 010041 | | | | | E MEDICAL GROUP OF NORTH TEXAS INC |
| Lic Expire | 10/31/2019 | | | | | 106 S WASHBURN STREET |
| Medicare 1: | 457786 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-6888 | Fax | (940) 627-5174 | | | Services: |
| Type: | Parent Agency | Administrator | SHANNON CORTEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | WISE | Region | 03 | Date Licensed | 03/13/2013 | Owner Information |
| License # | 015695 | | | | | MAXUS HEALTHCARE PARTNERS LLC |
| Lic Expire | 03/31/2019 | | | | | 1021 WASHINGTON AVE |
| Medicare 1: | | | | | | FORT WORTH, TX 76104 |
| Medicare 2: | | | | | | |
| Phone | (940) 626-8063 | Fax | (940) 626-8067 | | | Services: |
| Type: | Branch Agency | Administrator | PHILIP CRISWELL | | | Licensed Home Health Services |
| County | WISE | Region | 03 | Date Licensed | 03/29/2016 | Owner Information |
| License # | 017333 | | | | | SOLARIS HOME HEALTH INC |
| Lic Expire | 03/31/2018 | | | | | 2250 S FM 51 SUITE 400 |
| Medicare 1: | | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Parent Agency | Administrator | LEANNE PETERSON | | | Licensed Home Health Services |
| County | WISE | Region | 03 | Date Licensed | 04/01/2002 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Parent Agency | Administrator | LEANNE K PETERSON | | | Hospice |
| County | WISE | Region | 03 | Date Licensed | 11/25/2015 | Owner Information |
| License # | 017150 | | | | | 2GETHER RESOURCES GROUP LLC |
| Lic Expire | 11/30/2019 | | | | | 800 HIGHWAY 287 NORTH SUITE E |
| Medicare 1: | | | | | | RHOME, TX 76078 |
| Medicare 2: | | | | | | |
| Phone | (817) 636-6100 | Fax | (817) 636-6102 | | | Services: |
| Type: | Parent Agency | Administrator | PILAR SUAREZ | | | Personal Assistance Services |
| County | WOOD | Region | 04 | Date Licensed | 05/01/2006 | Owner Information |
| License # | 010659 | | | | | EAST TEXAS MEDICAL CENTER HOME SERVICES |
| Lic Expire | 04/30/2018 | | | | | 1409 S BECKHAM SUITE 300 |
| Medicare 1: | 67Q7037003 | | | | | TYLER, TX 75701 |
| Medicare 2: | | | | | | |
| Phone | (903) 763-3181 | Fax | (903) 843-4318 | | | Services: |
| Type: | Branch Agency | Administrator | CURT SMITH | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|--------------------|---------------|------------|--|
| County | WOOD | Region | 04 | Date Licensed | 07/27/2010 | Owner Information |
| License # | 013491 | | | | | REFLECTIONS HOSPICE OF TEXAS LLC |
| Lic Expire | 07/31/2018 | | | | | PO BOX 1914 |
| Medicare 1: | 671673 | | | | | QUITMAN, TX 75783 |
| Medicare 2: | | | | | | |
| Phone | (903) 763-8225 | Fax | (903) 763-8218 | | | Services: |
| Type: | Parent Agency | Administrator | JESSICA RAE PEEK | | | Hospice |
| County | WOOD | Region | 04 | Date Licensed | 10/31/2011 | Owner Information |
| License # | 002514 | | | | | HOSPICE LONGVIEW INC |
| Lic Expire | 04/30/2019 | | | | | PO BOX 5608 |
| Medicare 1: | 451579 | | | | | LONGVIEW, TX 75608 |
| Medicare 2: | | | | | | |
| Phone | (903) 342-9100 | Fax | (903) 342-9100 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | POLLY MAINES | | | Hospice |
| County | YOAKUM | Region | 01 | Date Licensed | 09/27/2002 | Owner Information |
| License # | 008127 | | | | | COUNTY OF YOAKUM |
| Lic Expire | 09/30/2019 | | | | | P O BOX 1130 |
| Medicare 1: | 679220 | | | | | DENVER CITY, TX 79323 |
| Medicare 2: | | | | | | |
| Phone | (806) 592-3676 | Fax | (806) 592-3678 | | | Services: |
| Type: | Parent Agency | Administrator | SUANN PARRISH | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | YOUNG | Region | 02 | Date Licensed | 08/31/2017 | Owner Information |
| License # | 018326 | | | | | BEYONDFaITH HOMECARE & REHAB LLC |
| Lic Expire | 08/31/2019 | | | | | 5340 LEGACY DRIVE, SUITE 150 |
| Medicare 1: | 677917 | | | | | PLANO, TX 75024 |
| Medicare 2: | | | | | | |
| Phone | (940) 521-0300 | Fax | (940) 521-0323 | | | Services: |
| Type: | Parent Agency | Administrator | ROBIN SCHERIGER | | | Licensed and Certified Home Health Services, Licensed Home Health Services |
| County | YOUNG | Region | 02 | Date Licensed | 01/17/2013 | Owner Information |
| License # | 015321 | | | | | BEYONDFaITH HOSPICE LLC |
| Lic Expire | 01/31/2019 | | | | | 604 OAK STREET SUITE 105 |
| Medicare 1: | 671777 | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | |
| Phone | (940) 521-9915 | Fax | (940) 521-9119 | | | Services: |
| Type: | Parent Agency | Administrator | BECKY M RICHARDSON | | | Hospice |
| County | YOUNG | Region | 02 | Date Licensed | 02/01/2014 | Owner Information |
| License # | 016106 | | | | | GRAHAM HOSPITAL DISTRICT |
| Lic Expire | 01/31/2020 | | | | | PO BOX 1390 |
| Medicare 1: | 677099 | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | |
| Phone | (940) 549-2672 | Fax | (940) 549-3978 | | | Services: |
| Type: | Parent Agency | Administrator | SHELLY WALLS | | | Licensed and Certified Home Health Services |
| County | YOUNG | Region | 02 | Date Licensed | 02/01/2014 | Owner Information |
| License # | 016109 | | | | | GRAHAM HOSPITAL DISTRICT |
| Lic Expire | 01/31/2020 | | | | | PO BOX 1390 |
| Medicare 1: | 451610 | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | |
| Phone | (940) 549-9704 | Fax | (940) 549-3978 | | | Services: |
| Type: | Parent Agency | Administrator | SHELLY WALLS | | | Hospice |
| County | YOUNG | Region | 02 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210001 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 549-6999 | Fax | (940) 549-6296 | | | Services: |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|-------------------------|---------------|---------------------|---------------|------------|--|
| County | YOUNG | Region | 02 | Date Licensed | 11/21/2002 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | YOUNG | Region | 02 | Date Licensed | 07/31/1986 | Owner Information |
| License # | 001773 | | | | | YOUNG COUNTY HOME HEALTH CARE INC |
| Lic Expire | 07/31/2018 | | | | | 2735 WIND RIVER LANE SUITE 153 |
| Medicare 1: | 677065 | | | | | DENTON, TX 76210 |
| Medicare 2: | | | | | | |
| Phone | (940) 549-4039 | Fax | (940) 549-9814 | | | Services: |
| Type: | Parent Agency | Administrator | HARRY L TALBOTT III | | | Licensed and Certified Home Health Services |
| County | YOUNG | Region | 02 | Date Licensed | 01/25/2017 | Owner Information |
| License # | 015321 | | | | | BEYONDFaITH HOSPICE LLC |
| Lic Expire | 01/31/2019 | | | | | 604 OAK STREET SUITE 105 |
| Medicare 1: | | | | | | GRAHAM, TX 76450 |
| Medicare 2: | | | | | | |
| Phone | (940) 521-9915 | Fax | (940) 521-9119 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | BECKY M RICHARDSON | | | Hospice |
| County | YOUNG | Region | 02 | Date Licensed | 07/01/2007 | Owner Information |
| License # | 011455 | | | | | INTEGRACARE HOME HEALTH SERVICES INC |
| Lic Expire | 06/30/2018 | | | | | 12900 FOSTER SUITE 400 |
| Medicare 1: | 67Q8210010 | | | | | OVERLAND PARK, KS 66213 |
| Medicare 2: | | | | | | |
| Phone | (940) 564-4696 | Fax | (940) 564-4695 | | | Services: |
| Type: | Branch Agency | Administrator | MIRANDA REECE | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | YOUNG | Region | 02 | Date Licensed | 07/25/2007 | Owner Information |
| License # | 007938 | | | | | SOLARIS HOSPICE INC |
| Lic Expire | 03/31/2019 | | | | | 2250 SOUTH FM 51 SUITE 400 |
| Medicare 1: | 451688 | | | | | DECATUR, TX 76234 |
| Medicare 2: | | | | | | |
| Phone | (940) 627-1011 | Fax | (940) 627-3160 | | | Services: |
| Type: | Alternate Delivery Site | Administrator | LEANNE K PETERSON | | | Hospice |
| County | ZAPATA | Region | 11 | Date Licensed | 09/21/2009 | Owner Information |
| License # | 012862 | | | | | CHAMPION CARE HEALTH SERVICES INC |
| Lic Expire | 09/30/2019 | | | | | 702 HIDALGO BLVD |
| Medicare 1: | | | | | | ZAPATA, TX 78076 |
| Medicare 2: | | | | | | |
| Phone | (956) 765-9010 | Fax | (956) 765-9010 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE TREVINO III | | | Licensed Home Health Services, Personal Assistance Services |
| County | ZAPATA | Region | 11 | Date Licensed | 05/10/2007 | Owner Information |
| License # | 004883 | | | | | CHAMPION CARE INC |
| Lic Expire | 09/30/2019 | | | | | 1419 MARKET |
| Medicare 1: | | | | | | LAREDO, TX 78040 |
| Medicare 2: | | | | | | |
| Phone | (956) 765-1111 | Fax | (956) 765-5084 | | | Services: |
| Type: | Branch Agency | Administrator | YOLINDA TREVINO | | | Licensed Home Health Services, Personal Assistance Services |
| County | ZAPATA | Region | 11 | Date Licensed | 07/07/2009 | Owner Information |
| License # | 012686 | | | | | MI PUEBLO HOME HEALTH CARE LLC |
| Lic Expire | 07/31/2019 | | | | | P O BOX 14998 |
| Medicare 1: | 747501 | | | | | ZAPATA, TX 78076 |
| Medicare 2: | | | | | | |
| Phone | (956) 765-0088 | Fax | (956) 765-0099 | | | Services: |
| Type: | Parent Agency | Administrator | MARISOL GONZALEZ | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

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|-------------|----------------|---------------|--------------------------|---------------|------------|--|
| County | ZAPATA | Region | 11 | Date Licensed | 09/21/2009 | <u>Owner Information</u> |
| License # | 012864 | | | | | BRUSH COUNTRY HOME HEALTH INC |
| Lic Expire | 09/30/2019 | | | | | 702 HIDALGO BOULEVARD SUITE # 2 |
| Medicare 1: | 747609 | | | | | ZAPATA, TX 78076 |
| Medicare 2: | | | | | | |
| Phone | (956) 765-1200 | Fax | (956) 765-1201 | | | Services: |
| Type: | Parent Agency | Administrator | JOSE LORENZO TREVINO III | | | Licensed and Certified Home Health Services, Licensed Home Health Services, Personal Assistance Services |
| County | ZAPATA | Region | 11 | Date Licensed | 06/30/1999 | <u>Owner Information</u> |
| License # | 007243 | | | | | TEXAS VISITING NURSE SERVICE LTD |
| Lic Expire | 06/30/2018 | | | | | 814 E TYLER |
| Medicare 1: | | | | | | HARLINGEN, TX 78550 |
| Medicare 2: | | | | | | |
| Phone | (956) 765-9719 | Fax | (956) 765-3720 | | | Services: |
| Type: | Branch Agency | Administrator | VANESSA SANDOVAL | | | Licensed Home Health Services, Personal Assistance Services |
| County | ZAVALA | Region | 08 | Date Licensed | 11/12/1990 | <u>Owner Information</u> |
| License # | 002170 | | | | | LOPEZ HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2209 NORTH HIGHWAY 83 |
| Medicare 1: | 677290 | | | | | CRYSTAL CITY, TX 78839 |
| Medicare 2: | | | | | | |
| Phone | (830) 374-9800 | Fax | (830) 374-9722 | | | Services: |
| Type: | Parent Agency | Administrator | AMPARO LOPEZ | | | Licensed and Certified Home Health Services |
| County | ZAVALA | Region | 08 | Date Licensed | 11/17/1994 | <u>Owner Information</u> |
| License # | 003516 | | | | | LOPEZ HEALTH SYSTEMS INC |
| Lic Expire | 11/30/2018 | | | | | 2209 NORTH HIGHWAY 83 |
| Medicare 1: | | | | | | CRYSTAL CITY, TX 78839 |
| Medicare 2: | | | | | | |
| Phone | (830) 374-9800 | Fax | (830) 374-9722 | | | Services: |
| Type: | Parent Agency | Administrator | VICTOR LOPEZ | | | Licensed Home Health Services, Personal Assistance Services |